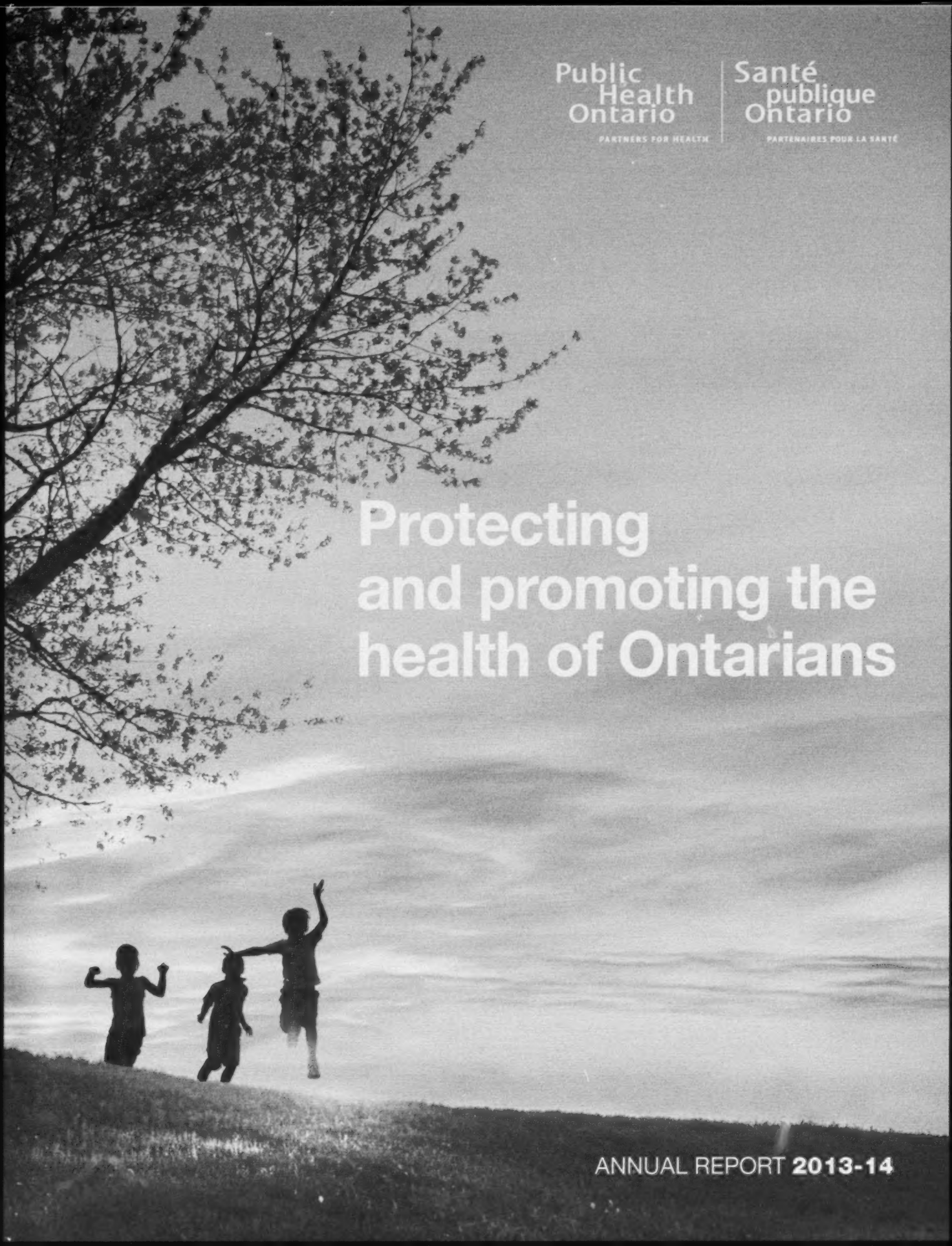
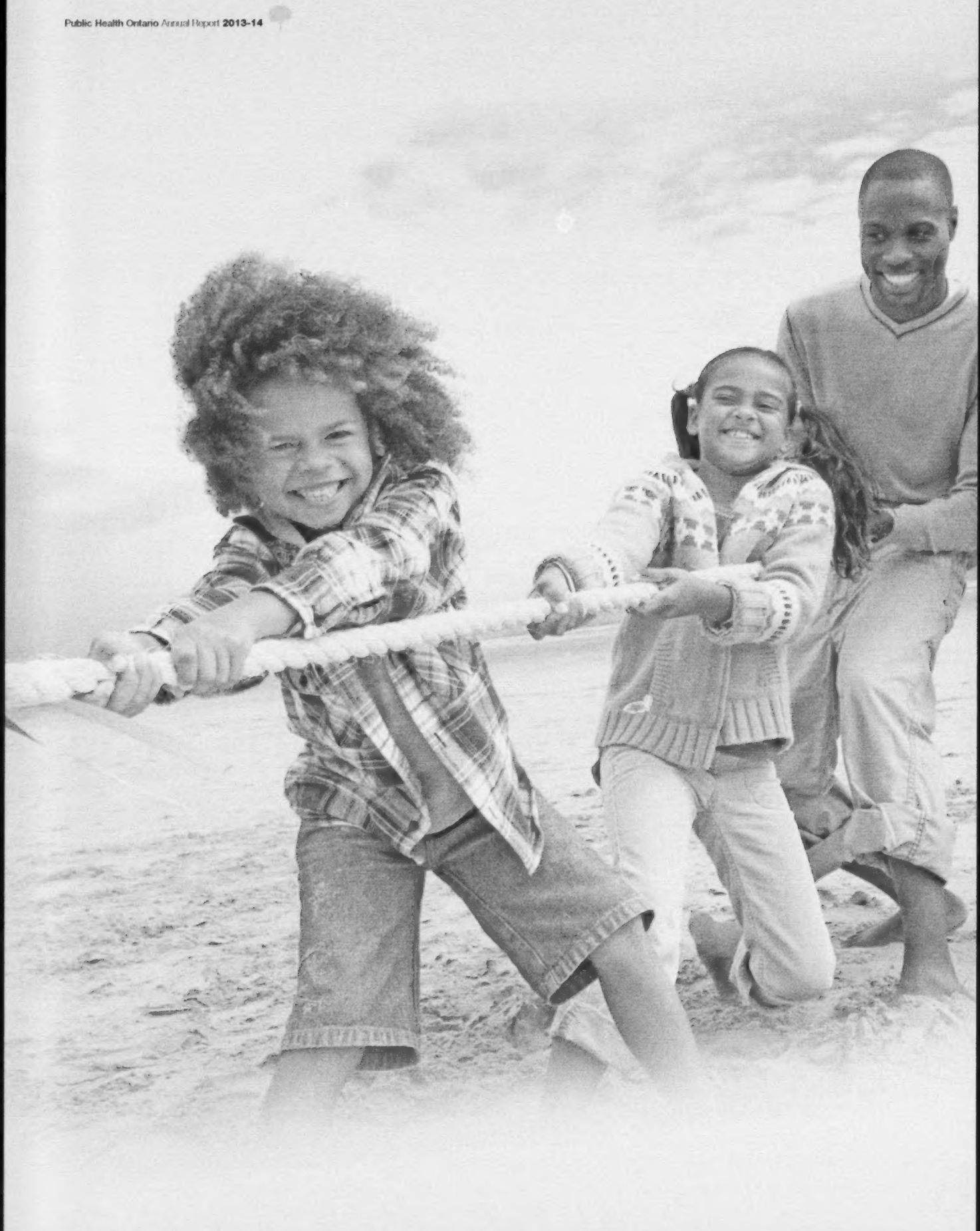


Public Health Ontario
PARTNERS FOR HEALTH

Santé publique Ontario
PARTENAIRES POUR LA SANTÉ

Protecting and promoting the health of Ontarians

ANNUAL REPORT **2013-14**



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Message from the Board of Directors

Public Health Ontario (PHO) is pleased to present our 2013-2014 Annual Report. Annual reports are traditionally an opportunity to reflect on past achievements. At PHO, we find ourselves looking back with pride, but also looking forward to an exciting future.

Since we began operations in 2008, we have become an integral part of Ontario's health care system. We protect and promote the health of Ontarians and reduce inequities in health by providing expert scientific and technical advice and support to clients working in public health, health care, government and related sectors.

Working with our partners and clients, PHO has driven significant improvements in infection prevention and control practices, laboratory services, surveillance and epidemiology, integrated data and information systems, communications and emergency preparedness. Our scientific and technical advice and support keep Ontarians safe and healthy, with services such as laboratory testing, surveillance and epidemiology, research and field support related to urgent and emergent public health issues.

PHO remains vigilant for current and emerging threats to health. We study and evaluate what makes people healthy and how we can help Ontarians live healthier lives. We provide the best scientific knowledge to inform policy, action and decisions of government, public health practitioners, front-line health workers and researchers.

PHO is an organization that is committed to good governance, strong accountability and operational excellence - all made possible by our great people.

This annual report reflects the status of core activities and commitments in the 2013-16 Annual Business Plan, our balanced scorecard, laboratory performance standards, and financial performance.

Significant Achievements in 2013-14

PHO delivered on each of the five key priorities identified in the 2013-16 Annual Business Plan:

1. **A new five-year strategic plan**
   We engaged with clients and staff to develop *Public Health Ontario Strategic Plan 2014 – 2019: Evidence, knowledge and action for a healthier Ontario*. Released in October 2013, the strategic plan defines five key strategic directions relating to our alignment with the public health sector; our mandate to transform data into knowledge; our role in creating, synthesizing and applying knowledge into practice and action; our research agenda; and our organization and people.

2. **A new website to deliver service, resources and data**
   Launched in June 2013, PHO's new website provides a robust, flexible and innovative platform that puts PHO's knowledge, best practices and research data, and continuing education at users' fingertips. With over 450,000 visits in its first nine months, the website has become a go-to destination for public health reporting and analysis, professional development, interactive business intelligence and decision support tools, laboratory test information, best practice guidelines for infection prevention and control, and much more.

3. **Integration and renewal of infection prevention and control activities, surveillance products and response capacity**
   PHO has integrated our internationally-recognized best practices standards for hospitals and long-term care homes, the Just Clean Your Hands hand hygiene program, and new online learning programs to make sure that health care workers know how to protect themselves, their patients and co-workers from infections. Combined with enhanced infectious disease laboratory testing and more robust surveillance to monitor and detect disease, we have improved coordination and support for preventing and managing outbreaks across Ontario.

4. **Process optimization and change management across the organization in preparation for the move of the Toronto laboratory to the MaRS Phase II Tower in Toronto's Discovery District**
   Since the transfer of the Ontario Public Health Laboratories from the Ministry of Health and Long-Term Care (MOHLTC) in 2008, PHO has achieved significant operational efficiencies and faster turnaround times, increased scientific and technical expertise, and introduced new laboratory platforms and technologies. This work continues as we prepare for the relocation of the Toronto laboratory in Fall 2014. Preparations for the move are underway in all aspects of laboratory operations and supporting services, and PHO is committed to a smooth transition and business continuity.

5. **Strengthening our corporate services foundation to improve efficiency and effectiveness, service, structures and processes**
   PHO continues to practice good governance with a strong commitment to accountability and transparency at the Board level. This commitment is evidenced through enhanced compliance reporting and a robust program of annual internal audits.

We have improved efficiency, effectiveness and service with changes to our process for managing employee disability cases and employee benefits. We have also rolled out internal customer service standards for all Corporate Service departments, with a focus on providing strategic advice, support and service to managers and staff. A number of internal improvements were made to provide MOHLTC with more robust financial information through enhanced annual funding and reporting schedules to our funding agreement with MOHLTC.

We continued to deliver on our mandate to provide clients, partners and stakeholders with information, knowledge and support, including:

- Continuing our support for government efforts to address the challenge of childhood obesity, PHO turned its research and knowledge synthesis to the question, releasing *Addressing Obesity in Children and Youth: Evidence to Guide Action for Ontario*. This research helped catalyze action at the provincial and local level, as it investigated not only the prevalence of childhood obesity in Ontario but also identified which interventions might be most effective.

- Mental health is a pressing issue for all Ontarians. According to the 2012 joint PHO-Institute for Clinical and Evaluative Sciences report *Opening Eyes, Opening Minds: The Ontario Burden of Mental Illness and Addiction Report*, the burden of mental illness and addition is more than 1.5 times that of all cancers and more than seven times that of all infectious diseases. This year, we moved to action with *Connecting the Dots: How Ontario Public Health Units are Addressing Child and Youth Mental Health*, developed in partnership with the Centre for Addiction and Mental Health and Toronto Public Health.

- The October 2013 launch of the Infection Prevention and Control Core Competencies Online Learning Course. Health care professionals across Ontario have free access to web-based interactive training, based on the Provincial Infectious Diseases Advisory Committee (PIDAC) best practice guidelines. In its first six months, more than 2,000 people completed this course, enabling them to better protect themselves, their patients, and co-workers from infections.

- The first-ever *Annual Report on Vaccine Safety in Ontario, 2012* examined the incidence of adverse reactions after immunization and evaluated vaccine safety. It confirmed that vaccines are safe and adverse events are rare: of the approximately 7.8 million doses of publicly funded vaccines distributed in Ontario in 2012, only 631 adverse events were reported. Of those 631 adverse events, only 56 were serious. The most frequently reported serious reactions were anaphylaxis and febrile seizures, both of which are known to occur rarely following immunization and can be safely managed without any long-term health effects. The results give all Ontarians – whether parents, local public health units or immunizers – assurance that vaccines are safe, and reinforces the value of our essential immunization programs.

- Implementation of new laboratory platforms and strategies and technologies, such as molecular diagnostics and genomics that allow our laboratories to detect, identify and conduct surveillance of pathogens, resulting in improvements in diagnoses, research, surveillance and outbreak management. We protect Ontarians through earlier detection of emerging infectious disease, better assessment of the scope and spread of diseases, and more focused and appropriate interventions to address outbreaks.

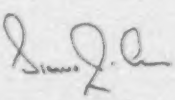
- Education and professional development programs that keep public health professionals, health care providers, scientists, researchers and policy-makers up to date with the latest research, evidence and information. We ensure that these providers and experts are able to deliver the very best programs and services for the people of Ontario.

- The ongoing provision of scientific and technical advice, guidance and support to the Chief Medical Officer of Health (CMOH) and MOHLTC Public Health Division through daily monitoring and briefings, as well as scientific supports on current and emerging public health issues.

The breadth and scope of our work demonstrates how PHO delivers sound information, data and advice to advance public health in Ontario. PHO's successes are defined not just by what we do, but how we do it. Our Board of Directors and the leadership team are committed to excellence in governance, with a focus on accountability and transparency. We operate with comprehensive operational oversight and controls, robust policies and procedures, and regular internal and external evaluation and auditing of business practices, delivering value for money. We will continue to build on this strong foundation and make a vital contribution to improving the health of Ontarians.

On behalf of the board and everyone at PHO, we thank our partners at the Government of Ontario for their vision and support.

Dr. Terrence Sullivan
Chair, Board of Directors



Pierre Richard
Vice-Chair, Board of Directors

Board of Directors

Name	Location	First Appointed	Current Term length (years)	Current Term
Tony Dean (retired)	Toronto	October 20, 2010	3	October 20, 2010 - October 19, 2013
Ken Deane	Windsor	August 29, 2012	3	August 29, 2012 - August 28, 2015
Janet Hatcher Roberts	Ottawa	May 6, 2009	3	May 6, 2012 - May 5, 2015
Robert Kyle	Whitby	September 12, 2012	3	September 12, 2012 - September 11, 2015
Sandra Laclé	Sudbury	October 20, 2010	3	October 20, 2013 - October 19, 2016
Warren Law	Toronto	May 6, 2009	3	May 6, 2012 - May 5, 2015
Pierre Richard (Vice-Chair)	Ottawa	May 6, 2009	3	May 6, 2012 - May 5, 2015
Ronald St. John	Ottawa	November 3, 2010	3	November 3, 2013 - November 2, 2016
Terry Sullivan (Chair)	Toronto	July 25, 2007	3	July 25, 2011 - July 24, 2014
David Walker (retired May 8, 2013)	Kingston	June 27, 2007	3	June 27, 2011 - June 26, 2014
Carole Weir	Kingston	May 6, 2009	3	May 6, 2012 - May 5, 2015
Catherine Whiting	North Bay	November 14, 2012	3	November 14, 2013 - November 13, 2016

Organizational Overview

Who we are

PHO provides expert scientific and technical advice and support to government, local public health units and health care providers. We generate timely, relevant and reliable information, results and guidance, and the tools to use them. In doing so, we help to ensure effective and responsive health services, promote health, and prevent or manage public health events. Our laboratory, clinical, scientific and public health experts deliver services throughout Ontario, working from regional and Toronto-based sites.

PHO is governed by a Board of Directors appointed by the Lieutenant Governor in Council. As an integral part of Ontario's revitalized public health sector, PHO works closely with the CMOH, the MOHLTC and local public health units.

Provincial in scope with appropriate links to other local, provincial, national and international organizations, we build partnerships and draw on the best available expertise — from the local to international levels — to ensure that scientific work meets internationally recognized standards.

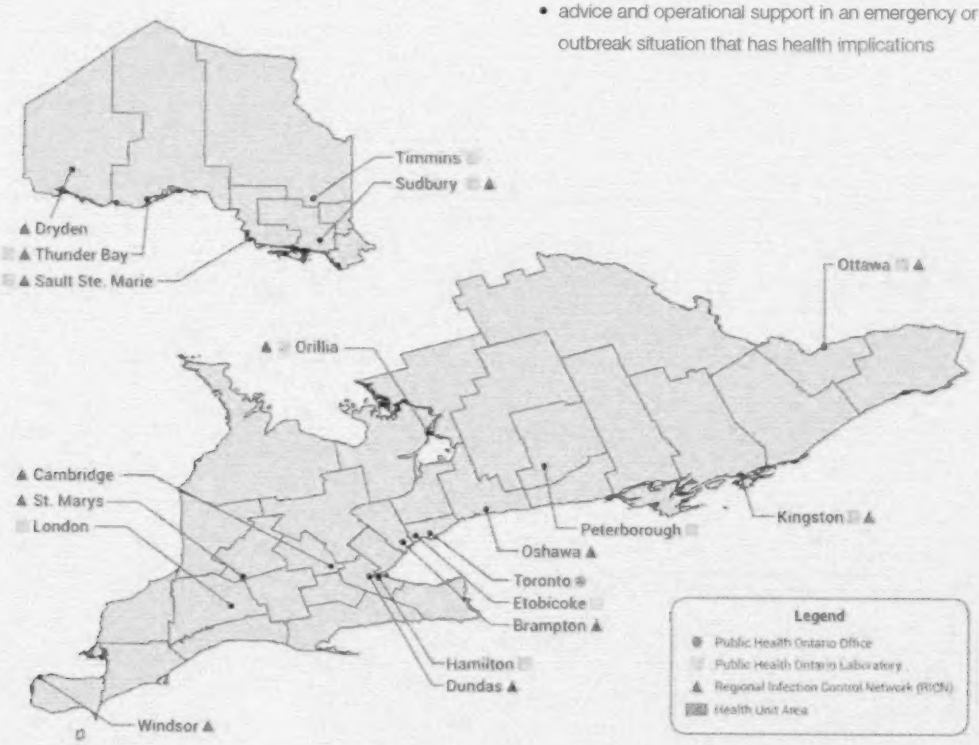
PHO's network of laboratories, its Regional Infection Control Networks (RICNs) and emerging regional services extend its reach to all areas of the province.

The *Ontario Agency for Health Protection and Promotion Act* established PHO in June 2007, and the organization began its operations in July 2008. The act defines PHO as "an agency to provide scientific and technical advice and support to those working across sectors to protect and improve the health of Ontarians and to carry out and support activities such as population health assessment, public health research, surveillance, epidemiology, planning and evaluation."

PHO's legislated objects define its key activities as:

- scientific and technical advice and support
- knowledge, best practices, and research
- laboratory services
- bridge infection control and occupational health and safety
- contribute to policy development
- education and professional development
- public health research
- data development, collection, use, analysis and disclosure
- advice and operational support in an emergency or outbreak situation that has health implications

Map of PHO Locations (March 2014)



Strategic Plan 2014-2019: evidence, knowledge and action for a healthier Ontario

PHO launched its new 2014-19 Strategic Plan in October 2013. It builds on PHO's many accomplishments to date, proposing a renewed Vision, Mission, Mandate and Values and outlining five strategic directions and our goals for the next five years. With a clear strategic plan, our strong mix of programs and services, solid corporate structures and systems, and our dedicated people, PHO will continue to protect and promote the health of Ontarians.

Vision

Internationally recognized evidence, knowledge and action for a healthier Ontario.

Mission

We enable informed decisions and actions that protect and promote health and contribute to reducing health inequities.

Mandate

We provide scientific and technical advice and support to clients working in government, public health, health care, and related sectors.

We build capacity, assemble expertise and guide action through:

- advice, consultation and interpretation
- continuing education and professional development
- health emergency preparedness
- information management
- knowledge and best practices generation
- laboratory services
- library services
- research, ethics and evaluation
- support to policy and program development
- surveillance and population health assessment.

In meeting our Vision, Mission and Mandate, our primary clients include:

- Ontario's Chief Medical Officer of Health
- Ministry of Health and Long-Term Care and other ministries
- local public health units
- health system providers and organizations across the continuum of care.

In addition to these clients, our Partners for Health can also include academic, research, not-for-profit, community-based and private sector organizations and government agencies working across sectors that contribute to Ontarians achieving the best health possible.

Values

Our values are critical to shaping PHO's shared organizational culture. They underpin the way people approach their work, make decisions and interact with each other. PHO is committed to acting in accordance with our values, which are connected and inter-dependent. No one value stands above the others or alone in isolation. We live our values as a shared promise to each other, our clients and our partners.

Credible — Trusted in what we do

Through a commitment to excellence, we are a trusted source of expert knowledge and quality service. Relying on the best available information, methodologies and research, we take pride in providing objective advice, relevant results and high quality evidence.

Innovative — Creative solutions

We continually seek novel approaches – in our thinking, our research and our service delivery. Building a culture of creativity together, we explore new possibilities and pursue innovative solutions to complex operational and public health challenges.

Responsive — Taking action

We anticipate and meet the needs of our clients and partners, acting in a timely and decisive fashion. We are proactive, anticipating change and taking relevant actions that make a difference and achieve positive results. We demonstrate a passion for engaging, understanding and responding to those we serve, and asking how we can do even better.

Collaborative — Stronger together

Our best work and results come from applying our collective experience and knowledge together with our partners. We develop and leverage partnerships that respond to shared challenges and goals. In each relationship, we seek the best from each other, and engage a broad network to share the best of PHO and advance the field of public health.

Integrity — Acting honestly and ethically

We consistently act in the best interests of Ontarians, with impartiality and transparency. We live by the highest standards of integrity in our professional and scientific endeavours. We stand behind our work and our people. We act honestly and ethically, delivering on our commitments.

Respect — Valuing others

We welcome and respect a broad range of ideas and perspectives. We build trust through our commitment to open communications, valuing everyone's unique background and contributions, and celebrating and sharing successes. We achieve greater impact by leveraging the diversity of our people, clients and partners.

Strategic directions and enablers for success

Our plan for the future will enable PHO to continuously respond to the changing environment, anticipate needs, and remain a leader in promoting optimal health and preventing disease. It defines five key strategic directions:

1. provide scientific and technical expertise to strengthen Ontario's public health sector and support the achievement of its goals
2. accelerate integrated population health monitoring
3. enable policy, program and practice action
4. advance public health evidence and knowledge
5. great people, exceptional teams building a stronger PHO

As we continue to evolve our organizational culture, implement change and advance toward our goals, we will rely on our people, our infrastructure and the following key enablers to realize this ambitious plan:

- governance, accountability and performance
- change management
- privacy, information management and information technology
- strategic partnerships and alliances
- better integration of regional perspectives and diverse capacity
- organizational capacity, systems and infrastructure investments

Delivering on our mandate

Keeping Ontarians safe

Monitor, analyze, detect, respond – that's what PHO does every day to protect and promote the health of Ontarians.

The job of preventing disease and reducing risks and issues before they cause harm to Ontarians is complex. PHO delivers a coordinated, integrated provincial approach to laboratory testing, surveillance, outbreak management, environmental health assessment and field support.

By doing so, PHO provides critical information, expertise and support to government, public health units and health care institutions and providers. Together with our partners, we keep Ontarians safe and healthy.

Preventing, preparing, and responding to outbreaks

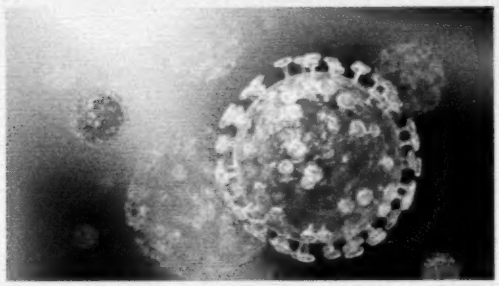
Through ongoing daily monitoring and tracking, PHO anticipates, detects and identifies current or potential infectious disease outbreaks or environmental incidents. At the same time, PHO supports coordinated and effective responses with the CMOH, the Government of Ontario, public health units, and other jurisdictions.

In the case of communicable disease outbreaks, scientific and technical experts across PHO provide specialized, coordinated services. For example:

- PHO's laboratories perform testing and develop new procedures and protocols to identify and link cases
- experts in infection prevention and control, and in environmental and occupational health, provide guidance on methods to reduce disease transmission
- public health epidemiologists analyze outbreak data to support health units in early detection and evaluation, helping to minimize potential impacts, and
- infectious disease experts advise clinicians on diagnosis and treatment.

All of this helps ensure that when significant outbreaks occur – whether in Ontario or across the world – PHO helps the public health and health care systems to be coordinated and ready to respond.

Vigilance and preparation: understanding emerging infectious diseases



MERS-CoV

Today, the transmission of infectious diseases is only a plane ride away. The international public health community is on alert to that possibility. 2013-2014 saw a number of emerging infectious diseases with global implications, from the H7N9 avian influenza A in the Far East, to the deadly Middle East respiratory syndrome coronavirus (MERS-CoV).

MERS-CoV was first identified in 2012 in Saudi Arabia. It continues to have an impact in the Middle East and beyond, as travellers import cases to other jurisdictions. Our understanding of the virus and the disease it causes is evolving. As it does, PHO actively prepares for the potential arrival of MERS-CoV in Ontario.

The Emerging Infectious Respiratory Disease team supports coordinated, comprehensive planning. The team includes scientific and technical experts from across PHO, the MOHLTC, and several of Ontario's leading infection prevention and control practitioners. Among its roles, this group provides or supports:

- laboratory testing and ongoing coordination with the Public Health Agency of Canada's National Microbiology Laboratory, the World Health Organization and other laboratories on protocols for testing and diagnostic techniques and analysis
- assessment and interpretation of worldwide case reporting and status
- scientific and technical support to the CMOH
- best practice guidelines for healthcare workers in acute care settings to identify and manage patients who present with symptoms that may be due to MERS-CoV
- scientific support and field training to public health units, acute care hospitals, and clinicians on diagnosis and case management
- coordination of reporting and information to other jurisdictions.

Piecing the puzzle together: a foodborne illness outbreak

Illnesses caused by food can be challenging to identify. Putting together the pieces of the puzzle – what food was eaten, from which source, if cases are related, and what is the risk to the public – requires careful analysis, communication and coordination.

In September 2013, Ontario experienced an outbreak of verotoxin-producing *E coli* (VTEC) in multiple communities. PHO's laboratories performed confirmatory testing and sub-typing to identify the strain of bacteria and confirm that the cases were linked. PHO supported local public health units in following up with the impacted individuals to understand what they had eaten, and where the food was purchased.

This investigation identified the source of the outbreak: contamination in a brand of frozen beef hamburgers. PHO then supported a coordinated response with MOHLTC, the Canadian Food Inspection Agency, and a number of other provincial and national partners, resulting in a voluntary recall by the manufacturer. By thoroughly investigating with local, provincial, and federal public health partners, PHO identifies potential outbreaks and informs product recalls that minimize the harm.

Tackling a growing challenge: drug-resistant gonorrhea

Resistance to antibiotics is one of the world's greatest public health challenges. No new classes of antibiotics are in the development pipeline, and increasing resistance to available classes threatens the ability to deal with many infections that were once easily treatable.

One such infection is *Neisseria gonorrhoeae*, the second most commonly reported sexually transmitted infection (STI) in Ontario and North America. Untreated, gonorrhea can lead to a host of complications that include pelvic inflammatory disease, infertility, and disseminated infection rarely seen since the introduction of effective antibiotics.

PHO is making a major contribution to the testing and treatment of gonorrhea in Ontario, and to understanding today's treatment challenges. PHO's STI laboratories process over 320,000 tests per year, equipping researchers with rich data to observe a growing resistance to the current antibiotic treatment for gonorrhea.

Consider cefixime, the last remaining commercially available option for treating gonorrhea. Working closely with Toronto's Hassle Free Clinic and the National Microbiology Laboratory in Winnipeg, PHO conducted a first-of-its-kind study on the clinical efficacy of cefixime. The study confirmed that clinical failure following treatment was relatively high – more significant than national and international organizations had indicated. The study suggested that the ongoing use of cefixime should be re-evaluated. The *New England Journal of Medicine's* "Journal Watch" named the study as one of the top 10 infectious diseases articles of 2013.

Based on this research, PHO developed new clinical guidelines for testing and treating gonorrhea. PHO then worked with the MOHLTC, Ontario Medical Association, Society of Obstetricians and Gynecologists of Canada, Nurse Practitioner Association of Ontario, and Ontario College of Family Physicians on a quick reference guide and online training materials. Clinicians now have information and diagnostic tools to support the most effective treatment, helping those suffering with gonorrhea, and helping to curb its spread.

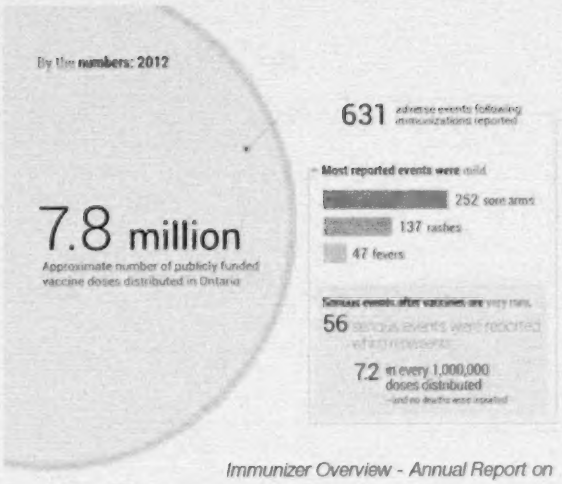
PHO website: STI Lab Data Decision Support Tool

We also recognize that Ontario's 36 public health units require up-to-date information on STIs to understand and manage local trends and issues. PHO's STI Lab Data Decision Support Tool gives clinicians and other public health officials access to integrated, up-to-date laboratory reports on gonorrhea and chlamydia. This password-protected online tool maps out PHO laboratory test results by public health unit and provincially to guide key clinical and public health decisions about:

- who to test
- which infections to test for
- the empiric antimicrobial therapy to offer before individual results become available, and
- who to target in sexual health promotion, prevention, screening, counselling and contact tracing activities

PHO extends its reach globally, working with the U.S. Centers for Disease Control and the Clinical Laboratories Standards Institute to examine issues related to antibiotic-resistant gonorrhea.

By providing the best evidence and recommendations, PHO is making a difference in the effective diagnosis, treatment and prevention of gonorrhea.



Immunizer Overview - Annual Report on Vaccine Safety in Ontario, 2012

Immunization

Immunization remains one of public health's most significant accomplishments in preventing disease. It's a key focus for PHO with advisory and field support activities extending to:

- vaccine-preventable diseases
- immunization programs
- laboratory testing
- outbreak management
- vaccine coverage, and
- adverse events following immunization.

PHO's *Annual Report on Vaccine Safety in Ontario, 2012*, released in October 2013, was the first comprehensive such assessment in the province. It confirmed that vaccines are safe and have a low risk of adverse reactions. Ontario's immunization providers and patients (or their parents) report adverse reactions to public health units, who in turn report thisinformation to PHO. PHO then uses this data to monitor the incidence of adverse reactions and continuously evaluate and improve vaccine safety.

PHO's annual *Immunization Coverage Report*, released in August 2013, helps evaluate the effectiveness and impact of Ontario's publicly-funded immunization programs. It provides an annual overview of vaccine uptake for both school-based and other childhood immunization programs. With information about coverage, Ontario's public health sector can better determine how to increase the effectiveness of such programs, improving their promotion and implementation.

PHO's experts influence provincial, national and international policy, public health practice, immunization strategies, and research agendas. Their impact is felt in research publications and in their service on many provincial committees, the National Advisory Committee on Immunization and several committees of the World Health Organization.

Through all of this work, PHO plays an important role in promoting and advancing knowledge about immunization.

Tracking and treating measles

Despite worldwide efforts to eliminate measles, some Ontarians are still at risk of catching the disease.

If the province is to remain free of one of the world's most contagious diseases, we need to be vigilant. Ontario's current level of vaccine coverage for measles among students falls just short of that needed to stop the spread. This means that when travelers bring measles into Ontario, people here who are not or cannot be vaccinated, or the few who do not respond to the vaccine, are at risk.

Recent outbreaks of measles in the Philippines, Thailand, Pakistan and the Netherlands have resulted in an increase in cases in Ontario and across North America. Working closely with the CMOH, MOHLTC and public health units, PHO helps Ontario respond appropriately to measles by: tracking reported cases and potential exposures, providing guidelines to clinicians on diagnosis and management, and performing laboratory testing and surveillance to detect and link cases.

Laboratory services

PHO's laboratories are a critical component of Ontario's health care system. Our network of 11 laboratory sites perform more than five million laboratory tests a year, providing timely results to inform clinical work and health care decisions. With new information systems and automated methods, PHO's laboratories offer more efficient testing, faster communication of results to physicians, and data needed for better surveillance of infectious diseases. The laboratories field over 300 calls a day from health care professionals looking for results, interpretation and advice. Public health units, long-term care homes and hospitals also rely on laboratory support to manage outbreaks.

The spread of infectious disease is becoming an increasingly global problem. So the ability to detect an unknown pathogen may help to contain an outbreak before it happens, and save the lives of Ontarians. Sequencing technology at PHO is being used to develop new test methodologies, including ones to detect novel and emergent pathogens such as MERS-CoV and avian influenza. To date, PHO has sequenced full genomes for over 500 strains of infectious agents. Sequencing is a powerful tool to study the genetic structure of infectious agents, which will improve treatment options and our understanding of antimicrobial resistance.

PHO goes beyond diagnostic testing to deliver a full range of laboratory functions that support public health in Ontario. This is enabled by the close integration of clinical testing, information technology and medical and scientific expertise. The public health laboratories also run a robust clinical research program, investigating topics in microbiology and molecular biology. Clinical testing areas and PHO's team of scientific and medical experts work closely to develop and continuously improve testing processes and methodologies.

The laboratory surveillance program manages and analyzes millions of test results, from clinical testing to provide valuable information for surveillance and research activities. By better understanding infectious agents and their presence in Ontario, PHO can better guide healthcare and public health practitioners in preventing and treating infectious disease.

In fall 2014, PHO will move its largest laboratory from Etobicoke to the heart of Toronto's Discovery District. This long-awaited relocation is a key aspect of the Ontario government's commitment and multi-year plan to renew the province's public health system post-SARS. It will be a state-of-the-art facility, with the flexibility to meet current and future needs in infectious disease testing, research and control. The relocation strengthens PHO's links to academic, health care, and private sector partners. This will foster more collaborative research, practice and knowledge exchange with the world-class health research community situated in and around the Discovery District. Once completed and commissioned, the new facility will serve as the central infectious disease testing and reference laboratory for Ontario.

In short, the new facility will enable PHO to remain at the forefront of infectious disease, and continue to provide high quality public health laboratory services to protect the health of Ontarians.

Preventing and controlling institutional infections

PHO's Infection Prevention and Control program helps to prevent the spread of disease and protect healthcare workers, patients and the public. Health care-associated infections, such as *C. difficile*, are a major concern in Ontario. PHO works with MOHLT , Health Quality Ontario, the Ontario Hospital Association and others to prevent, monitor and reduce their spread and impact.

A series of key measures – such as environmental cleaning, hand hygiene, appropriate use of antibiotics and identifying patients at risk – helps to keep facilities clean and safe. When outbreaks do happen, PHO's expert Infection Control Resource Teams help to determine the cause, and provide detailed recommendations on management and prevention. Online training such as the new comprehensive Core Competencies training program, and a wide range of webinars, coupled with phone or in-person local consultation from PHO's Regional Infection Control Networks, give health care providers the tools and resources to keep Ontarians safe and healthy.

Through the Provincial Infectious Diseases Advisory Committees, PHO creates internationally-recognized best practice documents, reports and recommendations regarding communicable diseases, immunization, infection prevention and control, and surveillance.

Some highlights of this work in 2013-14:

- *Infection Prevention and Control for Clinical Office Practice*, developed in collaboration with the College of Physicians and Surgeons of Ontario, gives clinicians and their staff the information and support they need to keep their patients as healthy as possible.
- *The Best Practices for Hand Hygiene, 4th Edition* provides best practices for hand hygiene in health care settings.
- *Cleaning, Disinfection and Sterilization of Medical Equipment/Devices* gives health care providers the information they need to ensure that proper methods of decontamination, disinfection and sterilization are incorporated into health care facility procedures.
- *Hepatitis A Post Exposure Prophylaxis* was developed to assist public health units in addressing queries related to the Hepatitis A chapter of the MOHLTC's 2009 Infectious Diseases Protocol.

Making Ontario healthier

Childhood obesity, mental health for young people, the right start for babies – these are among the most critical health issues for all Ontarians. PHO is making strong contributions in all three areas.

In Ontario, nearly a third of children and youth are overweight or obese. These conditions can result in chronic diseases like diabetes, cancer and heart disease. As part of its strategy to keep Ontario healthy, the Ontario government has set an ambitious goal to reduce childhood obesity by 20 per cent over five years. In support, PHO developed a comprehensive primer of scientific evidence and data to inform the work of Ontario's Healthy Kids Panel and its resulting report – *No Time to Wait: the Healthy Kids Strategy*.

The PHO primer is called *Addressing Obesity in Children and Youth: Evidence to Guide Action for Ontario*. It's a three-part report outlining:

1. trends in risk factors, and strategies to measure and monitor obesity rates and risk factors
2. the effectiveness and cost-effectiveness of interventions to prevent and treat overweight and obesity
3. healthy weight promotion and obesity prevention programs and initiatives implemented by Ontario public health units and other jurisdictions

Following the release of this report in October 2013, PHO brought together key players at January 2014's Healthy Children Forum: Applying Evidence to Local Action for Healthy Weights to hear from local, national, and international experts on programs and approaches to address childhood obesity. Attendees collaborated to identify opportunities, and shared successes and challenges of implementing similar programs in Ontario.

Mental health and addiction is another complex issue that requires creative, innovative, and collaborative solutions. *Connecting the Dots: How Ontario Public Health Units are Addressing Child and Youth Mental Health* builds on 2012's joint PHO-ICES report on the burden of mental illness (*Opening Eyes, Opening Minds: The Ontario Burden of Mental Illness and Addictions Report*). Developed in partnership with the Centre for Addiction and Mental Health and Toronto Public Health, *Connecting the Dots* summarized activities occurring in public health units across the province. The report also captures feedback from public health unit personnel on perceived facilitators and barriers to developing and implementing programming in this area.

PHO supports government planning, evaluation, and decision-making by performing rigorous scientific and technical evaluation of public health initiatives in Ontario. A prime example is a process implementation evaluation of the Healthy Babies Healthy Children (HBHC) program. HBHC provides services to women and their families in the prenatal period, and also to families with children from birth until their transition to school. The program identifies families that will benefit from targeted services and provides opportunities for children to reach their potential. A multi-year evaluation involving more than 700 professionals who deliver the program will help the Ministry of Children and Youth Services to understand:

- how changes are being implemented over the first six months of implementation of the new HBHC program.
- facilitators and barriers to local implementation.
- the effectiveness of training and related supports.
- the impacts relative to program change goals.

With its mix of screening and assessments, supports for new parents, and help in finding community programs and resources, HBHC promises many benefits. PHO's evaluation will also inform effective interventions.

Providing expertise, guidance and support to our clients

Increasing access to information and knowledge: www.publichealthontario.ca

Information—timely, credible and evidence-based information. That's what public health practitioners, health care providers, and PHO's other clients and stakeholders need to make decisions that protect and promote the health of all Ontarians. PHO's new website delivers.

The website re-launch, based on extensive stakeholder engagement, provides one-stop access to PHO services, resources and data. With over 600,000 visits in its first nine months, the website has become a go-to destination for public health and health care professionals. Here are some of the ways the innovative and interactive functionality of the new website supports clients such as front-line workers in Ontario hospitals and long-term care facilities, laboratory clients, and public health units.

Front-line health care workers

Regardless of location, front-line health care workers have free access to education and best practices for infection prevention and control.

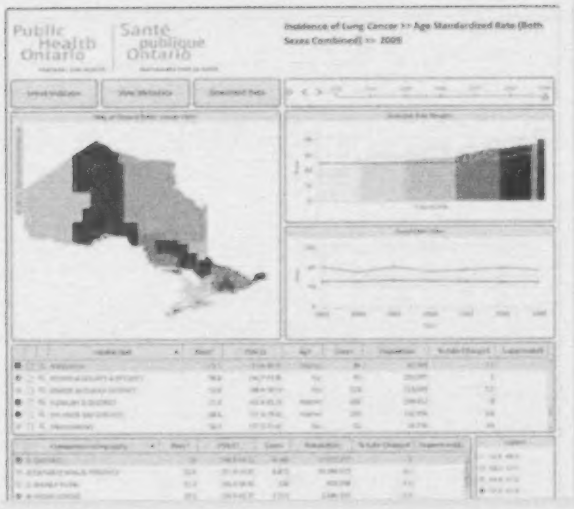
The Infection Prevention and Control Core Competencies Online Learning Course trains health care workers to protect themselves, their patients, and co-workers from infections. The course, based on the Provincial Infectious Diseases Advisory Committee best practice guidelines, has been completed over 2,000 times since its launch in October 2013. Over 80 institutions have downloaded it for use in their internal education programs. Videos, presentations and other materials provide consistent, comprehensive information to reinforce good infection prevention and control practices.

The result? More consistent, coordinated, and effective infection prevention and control procedures across Ontario – and that supports safer and more effective health care for Ontarians.

Laboratory clients

PHO's laboratory clients—hospitals, clinicians, physician's offices, and other laboratories can quickly access laboratory test information and supporting documentation. With comprehensive, up-to-date operational and technical information now online, there's no need for the outdated and difficult to maintain binders used in the past. Clinicians have all the information at their fingertips to quickly and easily order the right tests in order to diagnose and treat disease.

PHO website: Infection Prevention and Control Core Competencies Online Learning Course



PHO website: Snapshots

Public health units

Public health units use local and provincial-level information such as reportable disease data to support better outbreak detection, and complement population health assessment, infection prevention and disease control activities.

PHO's powerful business intelligence platform and tools provide open, transparent and accessible public health data, such as:

- weekly surveillance reports on respiratory viruses
- monthly reports on key public health trends and issues
- annual reports on vaccine coverage and safety
- population health assessment and surveillance information

Of note, a new feature called "Snapshots" is a collection of interactive map-based dashboards showing both geographic and temporal trends for key public health indicators by public health units and for Ontario overall. It provides dynamically linked tables, graphs, and maps with pre-calculated statistics to allow decision-makers to interactively analyze trends and impacts.

With its robust information, PHO's website maximizes the potential of technology to deliver evidence, data, programs, and services.

Field support

From emergency preparedness to air quality monitoring, PHO training and expertise helps public health units and health care professionals build essential skills, systems, and supports. These capabilities create effective health programs and services in communities across Ontario.

Incident Management System for public health training

If half of Ontario was left in the dark by a major power outage, how would the public health system respond?

The province is better prepared thanks to PHO's *IMS for Public Health Training Module*. IMS stands for Incident Management System. The module is an emergency preparedness workshop specifically developed by public health professionals for their peers. It applies standard IMS principles to ensure that public health units can coordinate with all levels of government, and other partners, to promote consistent approaches in responding to emergencies.

In 2013-14, over 200 public health professionals from 21 public health units received training. A train-the-trainer program helps public health units work together in a hub-based model. That supports the efficient and effective delivery at a local level.

"The PHO course made IMS meaningful by using relevant, health-based, examples. It's training for an emergency the way public health does business." Public Health Planner

Emergency Management Cycle

Supporting local environmental issues

PHO experts advise public health units as they confront local environment issues; everything from assistance with chemical spills, to help in quantifying and communicating health risks of issues such as radon, wind turbines, Wi-Fi, or cell towers. In addition, PHO provides training and loans equipment for public health units to perform local air and noise sampling. This ensures that all Ontario public health units have access to the best equipment and knowledge.

"PHO provided both expertise and testing equipment that allowed us to determine that nitrogen dioxide levels from diesel exhaust at an indoor sports dome exceeded air quality standards. With their help we were also able to graph how long it took for the toxic components of the diesel fumes to dissipate, which in turn allowed us to recommend mitigation steps to the owner and set parameters for when they would be allowed to open to the public." Manager, Environmental Health Programs

Identifying health inequities

When the public health and health care sectors plan and evaluate programs, services and policies, it's vital to understand health inequities among populations.

The Health Equity Impact Assessment (HEIA) tool is an evidence-based resource developed by MOHLTC, PHO and other partners. It walks users through the steps of identifying how a particular effort might affect population groups in different ways – including unintended negative impacts. This information can shape more equitable delivery of the health initiatives.

PHO provides customized training to public health units on using HEIA. That assists them in maximizing the positive impacts of planned programs and reducing health disparities between population groups.

Professional development

PHO provides a wide range of opportunities to ensure public health professionals have the skills and information they need through professional development and continuing education programs.

PHO's weekly Grand Rounds give public health units, practitioners, academics and other clients timely access (online or in-person) to public health experts on a wide range of topics. Targeted rounds for epidemiologists and other specialists support collaboration, information sharing and practice development.

Every day, our clients can access PHO's health promotion services for program planning, design, development and evaluation, skills development and capacity building. Library services at PHO, and within public health unit hubs across Ontario, put the latest research and literature in the hands of public health professionals needing to make decisions.

Throughout the year, PHO brings subject matter experts, practitioners, and other partners together for workshops and conferences. These events address multiple challenges, and give audiences the up-to-date information that supports collaboration. Some recent opportunities:

- fourteen "IPAC Exchanges" across Ontario in Fall 2013 gathered hundreds of local providers from long-term care homes, retirement homes, acute care institutions and public health units to focus on infection prevention and control. The discussions – outbreak management, detection and management of respiratory infections, the challenges of antibiotic resistant organisms, and more – helped attendees to come away better informed, prepared and coordinated.
- in health care settings, hand hygiene is the most important way to prevent and reduce the spread of infections. At PHO's November 2013 Hand Hygiene Symposium, hospitals, long-term care facilities and IPAC experts reviewed the evidence, and identified ways to increase compliance and improve results in hand hygiene programs.
- managing outbreaks requires coordination and communication between health care facilities, public health units, and the provincial government. PHO's September 2013 Outbreak Management Workshop provided updates on laboratory testing and reporting, reinforced best practices, and provided comprehensive tools and information to prevent and manage outbreaks.
- the December 2013 Vaccine Sciences Symposium brought PHO experts and stakeholders from public health units and acute care to focus on provincial immunization program evaluation and research in Ontario. The symposium addressed the challenges of pertussis, vaccine hesitancy, and vaccine confidence in an age of zero risk tolerance.
- the annual Ontario Public Health Convention (TOPHC) is the most comprehensive public health professional development event in Ontario, hosted jointly by PHO, the Ontario Public Health Association, and the Association of Local Public Health Agencies. Ten years after SARS, over 750 front-line public health professionals, medial officers of health, managers, researchers, and government stakeholders explored the 2013 TOPHC theme of "Reflection. Evaluation. Integration." The three-day conference included plenary sessions with leading international experts, practical workshops, informative research presentations and posters, as well as panel discussions and multiple opportunities to network with public health colleagues. As well, several hundred people took part in five pre-convention workshops on topics that ranged from food-borne illness outbreak management to building public health unit capacity on addressing health equity.

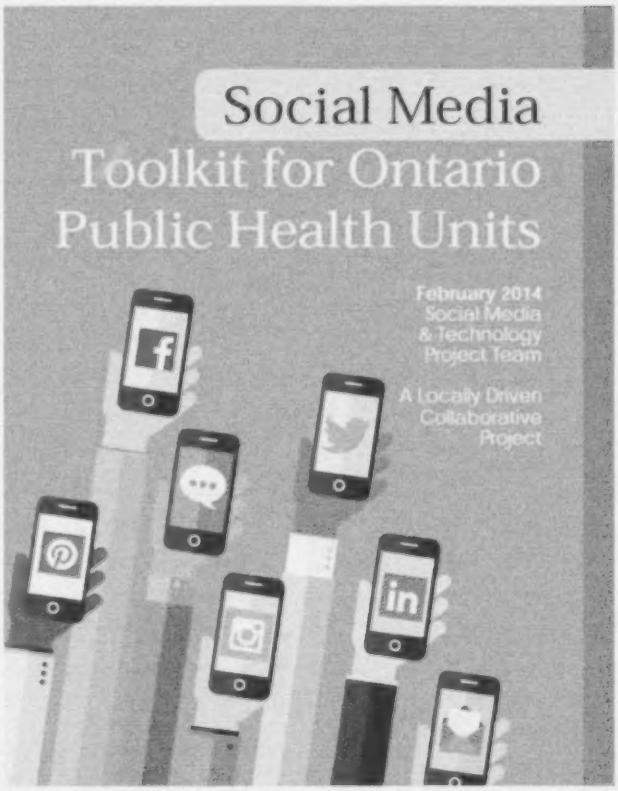
Locally driven collaborative projects – helping system partners solve problems together

Members of Ontario's public health system can't succeed in isolation. PHO's Locally Driven Collaborative Projects (LDCP) bring together representatives from public health units, academia, and other public health sector stakeholders for collective applied research and evaluation projects.

Each year, five to six projects are selected through a collective priority setting process. The projects explore a topic, intervention, or program related to an important public health issue, one that's relevant across the Ontario public health system. Led by a public health unit, each project typically involves three to six other health units. PHO works closely with the teams throughout the one to two year lifespan of each project and provides assistance in research design, methodology, ethics review, and knowledge exchange. Among the LDCP successes:

- *Engaging Community-based Organizations in Fall Prevention for Older Adults: Moving from Research to Action.* Falls are a common cause of injury in seniors, and most are preventable. A team of 10 public health units, university researchers, and one foundation studied the attitudes, knowledge, and falls prevention practices of employees in senior-serving organizations. While employees believe falls prevention activities (e.g., exercise programs, medication reviews, vision assessments) are beneficial, most did not feel knowledgeable about these strategies or confident about providing them. The team is now embarking on a follow-up project on exemplar cases where public health professionals have helped service providers in the development of fall prevention initiatives.

- *Analyzing the Effectiveness of Social Media Planning, Implementation, and Evaluation at Health Units in Ontario.* A team of six public health units assessed how Ontario's PHUs use social media and explored best practices by social media leaders. The team developed a toolkit for public health units in Ontario to guide their social media planning and implementation.



Leading public health research

PHO contributes significantly to a growing body of public health knowledge with researchers who are internationally-renowned, and working in a wide range of fields and disciplines.

PHO research is broad, crossing the four health research pillars of the Canadian Institutes of Health Research (CIHR): biomedical; clinical; health systems and services; and social, cultural and environmental factors that affect the health of populations.

Consider just a single grant competition in 2013-2014 from the CIHR. PHO research teams were awarded grants worth a combined $1 million-plus to study cardiovascular conditions, air pollution, a new system to encourage healthier eating, and strategies to combat West Nile virus. The scope of these projects alone indicates the diverse capabilities of PHO researchers in disease prevention.

The following four projects described here highlight PHO's broad interests and impact: a Diabetes Population Risk Tool, an online application that tracks the spread of tuberculosis, a report on the lung cancer risk from radon, and nutrition labelling for menu items. The subject matters vary, but together these projects show how PHO turns research into action.

Estimating diabetes population risk to inform community reduction strategies

The rate of people with Type 2 diabetes is growing at an alarming rate in Canada. According to the Canadian Diabetes Association, 2.7 million Canadians have diabetes. Those numbers are expected to grow by more than 50% by 2020, to 4.2 million. Diabetes poses a serious threat to the health of the population, and it also places an enormous strain on the health care system.

PHO is investigating ways to address this critical issue, in part through the Diabetes Population Risk Tool (DPoRT). This is an algorithm that uses population survey data to estimate future diabetes risk and the number of diabetes cases in a given population.

Essentially, DPoRT tries to do for a whole population what physicians do in assessing their patients' risks: how to consider behaviour, risk factors, and broader context to determine likelihood of developing diabetes. In 2013-14, a research project focused on the effectiveness of using a knowledge-brokering team approach to implement DPoRT in local public health units, provincial governments, and regional health authorities in other provinces.

Using DPoRT, decision-makers and program planners can examine the influence of specific risk factors on future disease burden. Ultimately, the tool can help health partners to explore the potential benefit of different prevention strategies and then prioritize.

"In planning programs and policies aimed at reducing the prevalence of chronic diseases in the total population, public health decision-makers have hitherto had to rely on data generated in clinical settings, on high-risk populations. The advent of DPoRT enables us to understand risk within the entire population and to plan the most effective approaches to prevention for everyone." Medical Officer of Health

Screenshot of OUT-TB

Tracking the spread of tuberculosis

Tuberculosis (TB) is a major health threat globally because of the effects of disease itself and the emergence of multidrug-resistant TB that now accounts for nearly four percent of all new TB cases worldwide.

PHO's TB and mycobacteriology laboratory is the largest in North America. The lab processes over 65,000 specimens every year, providing most of the diagnostic and reference testing for TB across the province. With this volume of tests, PHO's researchers continuously develop new tools and processes to better identify TB and drug-resistant strains.

Given the concern over TB, how can Ontario better monitor cases? PHO has developed and implemented the Ontario Universal Typing – Tuberculosis (OUT-TB) Web, recently recognized as a leading practice in interconnected electronic health information systems by Canada Health Infoway and Accreditation Canada.

OUT-TB Web is a highly secure, password-protected online application that tracks the spread of TB, and combines patient data and demographics with key laboratory information. That includes the genotype or "fingerprint" of each TB case strain. With each new case identified, PHO's OUT-TB Web tool tracks the spread in real time, presenting the case and associated data visually on maps and in the context of other information.

As a result of OUT-TB Web, users in local public health units can see potential outbreaks in their communities, understand their origins and how cases might relate to each other. At the touch of a finger, OUT-TB Web helps prevent the future spread of TB.

Rn
Radon
in Ontario
Radon is a naturally occurring radioactive gas that causes lung cancer.
It is colourless and odourless.
It is found in buildings such as homes, schools, and offices.
Radon can be found all over Ontario.
Radon is the second cause of lung cancer after smoking.
13%
OF LUNG CANCER deaths in Ontario are due to radon.
This is equivalent to over 2 people in Ontario dying each day from lung cancer caused by radon.
That is equal to about
850
lung cancer deaths each year in Ontario.
WHAT CAN YOU DO ABOUT RADON?
RADON TEST KIT
Testing and remediation for radon are easy. Test kits are available at your local hardware store.
WHAT CAN WE ALL DO ABOUT RADON?
Building codes can help control radon levels indoors

Understanding the impact of radon

PHO arms decision makers with the information to understand and address complex problems.

Radon is colourless and odourless – but far from harmless. This radioactive gas is the second leading cause of lung cancer after smoking, according to the World Health Organization. Where does this gas lurk? Naturally in the environment all over Ontario, in buildings such as homes, schools, and offices.

In 2013, PHO published a report in the journal Cancer Causes & Control called "Lung Cancer Risk from Radon in Ontario, Canada: How many lung cancers can we prevent?" The report quantified the burden of illness associated with radon in the province – an estimated 13% or almost 850 lung cancer deaths each year in Ontario.

The report highlighted how testing and remediation (to background levels) may prevent a portion of radon-related lung cancer deaths. Additional suggestions included revising building codes to maximize radon prevention. The risk estimates in the report can help with local public health resource allocation and decision making.

"Public Health Ontario calculated the number of radon-related deaths attributable to exposure to radon in an article published online on August 14, 2013, titled "Lung Cancer Risk from Radon in Ontario, Canada: How Many Lung Cancers Can We Prevent?" At this point, I'd actually like to put very sincere appreciation to Public Health Ontario... they are incredibly open to receiving your questions on issues related not only to infectious disease, which was the original purpose of the agency, but any epidemiological or toxicological questions you may have."[1]
Quote: Ontario Legislature

[1]Ontario. Legislative Assembly. Official Report of Debates (Hansard). 40th Parl, 2nd Sess, No. 57 (12 September 2013). Available from: http://www.ontla.on.ca/house-proceedings/transcripts/files_pdf/12-SEP-2013-1057.pdf

Preventing chronic disease: making the healthier choice the easier choice

What impact does nutrition labelling have on food offerings? A recent PHO study compared the calories, sodium, total fat, and saturated fat of items offered on kids' menus in the largest multinational fast food chains in Australia, Canada, New Zealand, the United Kingdom, and the United States. One finding was that the kids' items contained significantly fewer calories in the U.S., where menu labelling is required.

The study examined the potential effects of that legislation, and also recommendations for voluntary sodium reduction targets in the U.K. PHO research on nutrition labelling in supermarkets and menu items in restaurants is shedding light on the best ways to give the public the information they need to make healthier choices.

Directives issued by the Chief Medical Officer of Health

Under section 24(1) of the *Ontario Agency for Health Protection and Promotion Act*, the Chief Medical Officer of Health may issue directives in writing to Public Health Ontario to provide scientific and technical advice and operational support to any person or entity in emergency or outbreak situation that has health implications. During the 2013-14 fiscal year, no written directives were issued by the CMOH.

Report on 2013-14 Deliverables and performance

2013-16 Annual Business Plan, Section 4

PHO's 2013-16 Annual Business Plan outlined core activities (priority and ongoing initiatives) set forth in accordance with the organizational goals and foundational objectives in our first strategic plan 2010-13.

The following charts summarize the status of each core initiative as of March 31, 2014.

Goal: Better Information

PRIORITY INITIATIVES	COMPLETE	ON-TRACK	NOT COMPLETE
Enhance central data and analytic services provided to clients (such as PHUs) and stakeholders. We will: • Support the development and updating of definitions for core public health indicators developed by APHEO • Implement new subject domains (including behaviour and health, cancer incidence and early detection, injury prevention and substance abuse prevention, and reproductive health) for key public health indicators in Snapshots - a collection of interactive map-based dashboards showing both geographic and temporal trends - as online interactive tools on our website (publichealthontario.ca) • Implement the communicable disease domain for the interactive Query tool on our website	✓		
Develop and publish a comprehensive electronic Ontario Health Profile to support the work of local public health clients on the Foundational Standard.		✓	
Collaborate with key partners in the evolution of a comprehensive population health data repository. Examples may include: • Completion of data sharing agreement with the Better Outcomes Registry and Network (BORN) • Completion of data sharing agreement with Centre for Addiction and Mental Health (CAMH) re: The Ontario Student Drug Use and Health Survey (OSDUHS) data.		✓	
Enhance the provincial surveillance framework for infectious diseases by completing PHO's Infectious Diseases Surveillance Strategy (PIDSS), reviewing recommendations and developing an implementation plan (incorporating laboratory-based surveillance activity). We will: • develop recommendations for priority areas of focus and a three-year implementation and sustainability plan for PIDSS • work with MOHLTC to integrate PIDSS into broader provincial surveillance strategy • develop communications to Ontario stakeholders on the PIDSS rollout • complete the laboratory surveillance strategy to ensure organizational alignment of all surveillance strategies, examining opportunities for access to laboratory testing and surveillance information for the early detection and monitoring of clusters/outbreaks in Ontario • take a lead role in the evaluation and PHO's implementation of the Panorama system to enhance surveillance infrastructure.		✓	
Continue to enhance the information available to our clients through the use of molecular diagnostics and genomics and computational bio-informatics for the laboratory detection, identification and surveillance of pathogens.		✓	
Complete the development of a proposal for the establishment of an integrated environmental health indicator tracking/ surveillance system for Ontario to improve the understanding of the impact of the physical (natural and built) environment on public health.			✓ Note 1
Develop geo-based information system for noise, non-ionizing radiation and air data generated through PHO and PHU use of environmental measurement instruments.	✓ Note 2		

Ongoing Initiatives

PHO continues to deliver on the following ongoing activities related to the goal of Better Information:

- performed 5.1 million lab tests and reported results to health care providers, referral laboratories and public health officials as required
- developed and/or updated 15 Labstracts providing clients with additional information about laboratory testing
- produced over 400 routine and annual surveillance reports (see Status Report: 2013-16 Annual Business Plan, Section 8 Volumetric Commitments for additional details)
- developed 43 knowledge products to support clients and stakeholders (see Status Report: 2013-16 Annual Business Plan, Section 8 Volumetric Commitments for additional details)
- participated in and contributed to provincial, national and international scientific advisory committees, boards and other relevant bodies

Notes:

[1]A preliminary discussion draft was developed and provided the basis for consultation workshop with invited stakeholders in Q4. Further work on proposal development is proceeding in 2014-15.

[2]Geo-based system developed and completed for noise data. Modifications will be required for radiation and air data.

Status Legend

Complete: Completed by March 31, 2014
On-Track: Ongoing and still within target timeframe
Not Complete: Not Completed by March 31, 2014

Goal: Better Knowledge Generation and Application

PRIORITY INITIATIVES	COMPLETE	ON-TRACK	NOT COMPLETE
Provide scientific and technical support to MOHLTC Immunization Review through leadership of the scientific evidence task group and participation on the steering committee.	✓		
Support the implementation of the revised Adverse Effects of Immunization Protocol under the OPHS and analyze AEFIs to produce a Vaccine Safety Surveillance Report.	✓		
Monitor anti-microbial resistance rates in Ontario: • use anti-microbial susceptibility data as captured through Laboratory Information Systems (LIS) to support the project • develop feasibility plans to assess the development of a sentinel laboratory network to monitor anti-microbial resistance rates in Ontario.		✓	
Review the recommendations of the evaluation of the Just Clean Your Hands (JCYH) program and develop an implementation plan to support hand hygiene in Ontario hospitals, long-term care homes and community healthcare settings.		✓	
Manage the Infection Prevention and Control Core Competency e-learning program to support frontline healthcare providers to incorporate the basic principles of infection prevention and control in their daily practice. We will: • begin the evaluation of the impact of the Routine Practices e-learning module in the practice of infection prevention and control • complete the development of the Additional Precautions module to support the practice of infection prevention and control in all healthcare sectors.		✓	
Support the Ministry of Education in the evaluation of the Daily Physical Activity policy initiative, upon agreement of project scope.	✓		
Undertake Phase 2 (2013-14) of the implementation evaluation of the Healthy Babies Healthy Children program for the MCYS.	✓		

Status Legend
Complete: Completed by March 31, 2014
On-Track: Ongoing and still within target timeframe
Not Complete: Not Completed by March 31, 2014

Ongoing Initiatives

PHO continues to deliver on the following ongoing activities related to the goal of Better Knowledge Generation and Application:

- convened scientific panels and/or advisory committees to analyze specific issues prioritized by policy makers.
- together with the Ontario Public Health Association (OPHA), and the Association of Local Public Health Agencies (alPHa), PHO hosted The Ontario Public Health Conference (TOPHC). The three-day convention features a variety of educational pathways, including plenary sessions with leading international experts, practical workshops, informative research presentations and posters as well as panel discussions and multiple opportunities to network with public health colleagues. The event drew 750 attendees, including front-line public health professionals, medial officers of health, managers, researchers, and government stakeholders.
- supported key functions of public health practice in the areas of applied research, program development evaluation, education and professional development, and knowledge exchange functions through the Supporting Research and Knowledge Exchange (SRKE) program, with the guidance of the SRKE Advisory Committee.
- provided support to clients and stakeholders to address health inequities, through:
  - knowledge generation activities, including research projects on the application of Health Equity Impact Assessment (HEIA) tools
  - knowledge synthesis activities which consider and analyze health inequity in PHO topic specific reports
  - knowledge exchange activities, including webinar and training support for HEIA
  - capacity building efforts including the integration of marginalization and deprivation indices in analytic products
- engaged with provincial partners on the Ontario Health Study (OHS) and with other stakeholders to develop a world class research program with a focus on:
  - processing and storage of scientifically valuable specimens
  - longitudinal population health research
  - participation on OHS Science and Executive Committees and associated working groups including: Environmental, Infectious Disease, and Ethics
- published manuscripts in peer-reviewed journals and presented abstracts presented at scientific conferences to support the transfer and exchange of knowledge from PHO's research initiatives (see Status Report: 2013-16 Annual Business Plan, Section 8 Volumetric Commitments for additional details).
- developed 23 peer-reviewed research protocols to address important priorities in public health programs and public health laboratory science, in collaboration with academic partners and public health stakeholders.
- built or maintained academic partnerships to enable enhanced training and capacity building opportunities, including 139 placements (residents, fellows, and practicum) and joint knowledge exchange opportunities.
- provided professional education for staff of MOHLTC, PHUs, heath care providers and other clients (see Status Report: 2013-16 Annual Business Plan, Section 8 Volumetric Commitments for additional details).
- provided scientific and technical assistance, and education and training to support implementation of the Ontario Public Health Standards (OPHS).

Goal: Better Support for Practitioners and Policy Makers

PRIORITY INITIATIVES	COMPLETE	ON-TRACK	NOT COMPLETE
Support the CMOH in the development and implementation of strategic initiatives identified in the Public Health Sector Strategic Plan.	✓		
Support and participate in the PHO/ MOHLTC Public Health Division (PHD) Joint Liaison Committee (JLC) tables to support the alignment of planning and respective PHD and PHO work, priority-setting, information-sharing, coordination of activities.	✓		
Support the Public Health Leadership Council (PHLC) and work with MOHLTC to establish sector tables focussing on each of the following key areas: • optimizing healthy human development • improving the prevention and control of infectious diseases • improving health by reducing preventable diseases and injuries • promoting healthy environments – both natural, and built • strengthening the public health sector's capacity, infrastructure and emergency preparedness	✓		
Provide scientific and technical support to CMOH annual and special reports, and statements, if needed.	✓		
Support MOHLTC, as requested, in the development of a Public Health Human Resources Strategy with scientific and technical support and committee participation as required.			Note 1
Provide scientific and technical support to the development of the Ontario Influenza Response Plan.			Note 1
Provide scientific and technical support to the development of a guidance document on priority populations to support local PHUs in meeting the requirements of the Foundational Standard.		✓	
Provide scientific and technical support to the OPHS evergreen process including participation as required on advisory groups to review the standards, protocols and guidance documents and appendices under the Infectious Diseases protocol. Provide recommendations on strengthening equity language within the OPHS.		✓	
Provide scientific and technical support to a program review of the Universal Influenza Immunization Program (UIIP).			Note 1
Provide scientific and technical advice and support to provincial information technology projects in surveillance or disease control and lab testing with specific focus on the planning for configuration, implementation and deployment of Panorama.		✓	
Support the OLIS provincial information technology project to enhance disease surveillance and disease control.		✓	
Conduct a Hazard Identification Risk Assessment (HIRA) on communicable diseases for the Pan Am and ParaPan Am Games 2015 and inform public health and health system consequence management planning (Laboratory, Communicable Disease Prevention and Control, Emergency Preparedness).	✓		

Notes:
[1]Requests from MOHLTC for support specific to these initiatives were not received in 2013-14.

Status Legend
Complete: Completed by March 31, 2014
On-Track: Ongoing and still within target timeframe
Not Complete: Not Completed by March 31, 2014

Ongoing Initiatives

PHO continues to deliver on the following ongoing activities related to the goal of Better Support for Practitioners and Policy Makers:

- supported PHD in managing day-to-day issues and incidents by:
  - ensuring on-call availability of laboratory and scientific services for emergencies 24/7
  - producing daily situation reports that integrate the latest information and research on current and emerging issues to support daily vigilance and decision making
  - participating in morning rounds and following up as requested
  - participating in and contributing to joint incident assessments as requested.
- support the PHD with scientific and technical advice in areas such as public health performance management, accountability agreement indicators and risk management frameworks.
- responded, within our mandate, and in partnership with MOHLTC, local PHUs and health care institutions where required to manage infectious disease outbreaks and infection control issues in health care and community settings including 24 requests for field support for case investigation and management, 26 requests for outbreak management, 14 requests for cluster investigations, 2 requests for health hazard investigation, 4 requests for emergency management and 374 for surveillance support.
- through the Health Promotion Resource Centres, provided coordination and service delivery in the areas of:
  - technical support for planning
  - communication, information and knowledge exchange activities for PHO HPRC products, (e.g., sample intervention and Board of Health level online program plans which address OPHS and Guidance Documents)
  - plan and deliver training and capacity building workshops, consultations and referrals through the HPRCs (see Status Report: 2013-16 Annual Business Plan, Section 8 Volumetric Commitments for additional details)
- enhanced local and regional interactions with stakeholders throughout the province to ensure effective and responsive infection prevention and control education, support and program development.
- capitalized on our RICNs and their integration with central activates and processes (e.g., PIDAC, other Infection Prevention and Control guidelines development, education and policy initiatives, communications) to deliver an integrated and comprehensive suite of service at local and provincial levels.
- strengthened PHO's cross functional teams for laboratory and scientific field response and to develop readiness plans for specific major events including the 2015 Pan Am and Para Pan Am Games.
- provided clinical laboratory support to clients via the Customer Service Centre and consultations by laboratory medical and clinical microbiologists.
- loaned environmental assessment equipment to PHUs on 20 occasions.
- provided scientific support on health impacts in environmental and toxicological emergencies such as contaminated bottled water.
- provided library services support to PHD and PHO hub libraries, including responding to 1,104 requests from the MOHLTC, as well as managing coordinated access to databases and journals for all PHUs.
- developed and provided a range of ethics support services to PHO and local public health units fostering a culture of ethics integrity throughout the lifecycle of public health initiatives.
- continued to support Locally Driven Collaborative Projects including the completion of Cycle 2 projects and the start of cycle three projects.
- enhanced RICN engagement with local/regional stakeholders via response to over 1,450 requests for support.
- established and maintained advisory committees to support public health objectives, and provide scientific and technical support, in accordance with our mandate to the government.

Foundational Objectives: Build Organization, Partnerships, Enhance System Capacity

PRIORITY INITIATIVES	COMPLETE	ON-TRACK	NOT COMPLETE
Complete and launch PHO's second Strategic Plan (2014-19), in alignment with the emerging Public Health Sector Strategic Plan and our mandate.	✓		
Continue to build PHO's regional presence across Ontario and move to integrate programs and service offerings where this supports program objectives: • Ensure continued access to laboratory services in South Western Ontario and modernization of our regional laboratories • Pursue strategic alliances across PHO departments and with partners to meet regional needs • Strengthen regional delivery models, through shared services, research initiatives and capacity-building services.	✓		
Expand online program and service delivery options for our clients through: • A new external website that integrates all transferred materials and programs and provides a one stop access points to PHO programs and services • Provision of an online searchable platform that will give clients access to information about our role , functions and offerings (e.g., online contact directory, e-library of PHO products, interactive catalogue of training sessions and events) • Increased access to laboratory tools, collection guides, forms and data (both open and password protected, as appropriate) • Effective integration of e-learning and training sessions (e.g., archived webinars and e-learning courses) • Implementation of an interactive business intelligence platform and tools for user-defined analysis of population health assessment and surveillance information • Expansion of the e-repository for documents and resources to incorporate all transferred assets and products.	✓		
Continue to strengthen PHO's corporate services foundation with a focus on improved efficiency, effectiveness and service, and strengthened managerial structures and processes. Examples of these types of changes include the establishment of Corporate Customer Service Standards and improvements to our employee disability case management system.	✓		
Continue the development of PHO's enterprise risk management program.	✓		
Complete the annual internal audit, in accordance with the priorities established by the Board via the Audit and Finance Standing Committee.	✓		
Continue to design and implement policies and procedures respecting stewardship of data in the custody of PHO, including access, use, retention, control, disclosure of data, and personal health information. • Ensure compliance with legislative and regulatory requirements • Perform privacy impact assessments (PIA) as necessary for systems and data holdings.	✓		
Involve leaders and staff across PHO in addressing employee engagement by: • Engaging staff and leaders to shape "one PHO", building on information shared though the strategic planning process • Prepare for PHO's first employee engagement survey in 2014-15.	✓		
Facilities Renewal: • Implement new laboratory facility at MaRS II in downtownToronto (replacing facilities at Resources Road) • Contingent on government approval, plan and implement a new GTA Warehouse and long-term specimen storage to replace current facilities at Resources Road • Contingent on government approval, proceed with planning and implementation to replace the PHOL - London • Contingent on government approval, expand space at 480 University Ave. to support ongoing develoment of our science and public health programs.		✓	
Implement methodology for quantifying human resources required for lab testing to identify and track work performance indicators and revise the methodology as appropriate.	✓		

Status Legend
Complete: Completed by March 31, 2014
On-Track: Ongoing and still within target timeframe
Not Complete: Not completed by March 31, 2014

Ongoing Initiatives

PHO continues to deliver on the following ongoing activities related to the Foundational Objectives (Build Organizations, Partnerships, Enhance System Capacity):

- continued to implement stakeholder relationship management system to manage client requests and communications effectively.
- continued our focus on Laboratory Optimization (e.g., process improvements in preparation for the move to MaRS and changes and enhancements to the Laboratory Information System).
- maintained Ontario Laboratory Accreditation (OLA) and Canadian Association of Laboratory Accreditation (CALA) with the Hamilton, Sault Ste. Marie and Orillia labs being re-accredited in 2013-14.
- enhanced the knowledge, skills and competencies of PHO staff through a suite of continuing education sessions, including approximately 50 orientation sessions, 12 team events, 5 in-house learning and development workshops, 2 administrative professional workshops, 4 workplace health related workshops and 16 Human Resources information sessions. In addition, staff participated in OPS courses and several managers took third-party management training.
- provided grant facilitation services to support application for and implementation of externally funded research projects. 2013-14 marked the first full year of operation for PHO's Ethics Review Board.
- reviewed the PHO Emergency Management Plan (including the Continuity of Operations Plan)
- sustained and enhanced corporate governance and corporate management systems, process and practices, to ensure that PHO is managing its resources to support the achievement of its scientific and technical mandate and demonstrating appropriate accountability.
- realized the new vision and program direction for the Sheela Basrur Centre including:
  - awarded the annual student bursary, communications fellowship and media training programs
  - led planning and delivery of the sixth annual symposium "Public Health Communication in a Changing World"
  - managed donor relations.

Status Report: 2013-16 Annual Business Plan Section 8 volumetric commitments

The following table shows the core activities from Section 4 for which PHO has established specific annual volume targets for 2013-14. Where applicable, specific topics of focus were guided over the course of the year by the priorities established by JLC, the PHLC and requests from the CMOH, ministries and other clients, as well as our analysis of emerging issues and workplans.

Volume Targets for Core Activities

CORE ACTIVITY	2013-14 Target	2013-14 Actual
PRIMARILY RELATED TO GOAL OF BETTER INFORMATION		
Laboratory tests	4.3 million	5.1 million
Production of surveillance reports:		
• Daily surveillance reports	252	252
• Weekly integrated Public Health Information System (iPHIS) notices	50	52
• PHO respiratory reports		
– Respiratory pathogen reports	50	51
– Ontario respiratory virus bulletins	50	51
• West Nile Virus surveillance reports (seasonal)		15
• Monthly surveillance reports	12	12
• Annual surveillance report	1	2[1]
• Annual vaccine reports		
– Coverage report	1	1
– Safety report	1	1
• Major population and environmental health technical reports	1-2	1
Knowledge products to support clients and stakeholders		
• Knowledge Synthesis Reports	4-5	4
• Literature reviews in response to questions to summarize a body of published evidence	7-8	20[2]
• Clinical guidelines to support provider and patient decisions about appropriate health care	1-2	5[3]
• Evaluation reports to support program or policy review	5-7	1[4]
• Jurisdictional/environmental scans	4-6	2[5]
PRIMARILY RELATED TO THE GOAL OF KNOWLEDGE GENERATION AND APPLICATION		
Produce peer-reviewed abstracts and publications to support the exchange of knowledge		
• Abstracts (either as presentations, posters, or workshops) at scientific conferences	40	138[6]
• Manuscripts to facilitate broad international translation of research outcomes[7]	50	129
• Develop peer-reviewed research protocols to address important priorities in public health programs and public health laboratory science	25	23[8]
• Co-sponsor professional development events for public health professional associations and other professional groups	12	12
Deliver training sessions for infection control in health and community settings (via RICNs)	350	529
PRIMARILY RELATED TO THE GOAL OF BETTER SUPPORT OF PRACTITIONERS AND POLICY MAKERS		
Plan and deliver via the four HPRCs:		
• Training and capacity building workshops	80-100	140
• Consultations	250	659[9]
• Referrals	120	316

Notes:

1. Includes the Reportable Disease Trends in Ontario and the Vector-Borne Diseases annual reports
2. Actual count includes literature reviews as well as rapid literature reviews and synopsis of single articles as these are all combined into one reporting category in 2013-14
3. Includes guidelines on MERS-CoV, iGAS, Hep A, H7N9 and Cleaning and Sterilization of Medical Equipment. In addition 11 best practice and guidance documents were completed that have not been captured elsewhere in this table.
4. This activity is largely driven by external requests and client demand, both outside PHO's control. The report noted is the Healthy Babies Healthy Children (HBHC) Evaluation, a major evaluation effort released in 3 parts over the course of the fiscal year. It should also be noted that the table clearly shows other types of demand-driven client facing activities where output exceed targets.
5. Includes stand-alone scans only. In addition, five jurisdictional scans were completed as sub-components of other PHO knowledge products.
6. 83 had a PHO staff member as the lead, 55 as co-author.
7. Also captured in indicator #3 in the Balanced Scorecard.
8. Performance is influenced by the timing and focus of external granting agency proposal cycles which are beyond PHO control as well as the extent and scope of the individual protocols.
9. The introduction of public health unit capacity building plans resulted in a sharp increase in consultation requests over past year. As well, the definition of a consultation changed after the volume target was set allowing more services to be considered as consultations.

Balanced scorecard summary

Introduction

The Balanced Scorecard (BSC) provides an overarching view of PHO'S overall performance in relation to its strategic goals by translating strategic objectives into a set of high level performance measures. The BSC is "balanced" in two ways:

(1) it incorporates multiple organizational perspectives, including finance, business processes, clients and learning and growth and

(2) it allows the tracking of short-term outputs, while simultaneously monitoring progress in building capacity and acquiring the assets that generate growth for future performance. The BSC includes 21 indicators across four quadrants as follows:

- Knowledge, Information & Support which focuses on providing timely, relevant and reliable information, accelerating the uptake and application of knowledge and providing high quality support for the public health system (7 indicators)
- Clients & Partners which focuses on our development of partnerships and client and partner satisfaction with our advice and support (5 indicators)
- Organizational Learning & Growth which focuses on building our workplace to reflect PHO's values and philosophy (3 indicators)
- Corporate Infrastructure which focusses on our corporate functions which support the scientific and technical work of our organization (6 indicators)

BSC performance indicators have been selected to be sensitive to change on a quarterly basis. Indicators shown as interim (I), are proxies, based on currently available data, for the performance dimension/concept PHO wants to measure and will be replaced over time. Definitions of each indicator follow the scorecard. With respect to target setting, in the first three quadrants, where possible, stretch targets have been set. For the corporate infrastructure quadrant, targets have generally been based on industry standards.

2013-14 Balanced Scorecard

	TYPE	INDICATOR	STATUS	TARGET	Q4 ACTUAL	Q3 ACTUAL	Q2 ACTUAL	Q1 ACTUAL
KNOWLEDGE INFORMATION AND SUPPORT		1 Knowledge activities completed						
		1.1 Number of knowledge products produced	○	NA	48	34	40	50
		1.2 Number of scientific and technical support activities completed	○	NA	676	730	662	739
		2. Number of urgent requests completed	○	NA	65	39	28	25
		3. Number of unique peer-reviewed articles published by staff	●	10	31	37	27	34
		4. Percentage of peer-reviewed articles published in a high impact journal	⊘	75%	58%	49%	48%	62%
	(I)	5. Knowledge Exchange: Total website visits on PHO external website	●	90K	178K[1]	155K	139K	153K
		6. Number of education sessions offered to external clients	●	9	12	13	13	12
		7. Percentage of external education sessions with an average evaluation score 3.5 or greater (5-point scale)	⊘	100%	75%	85%	92%	75%
CLIENTS AND PARTNERS		8. Percentage of laboratory tests completed within target turnaround time	●	90%	99.6%	99.3%	98.7%	99.8%
		9. Percentage of knowledge activities completed within target turnaround time						
		9.1 Percent of knowledge products	⊘	95%	94%	95%	96%	95%
		9.2 Percent of scientific and technical support activities	●	95%	99%	98%	97%	97%
	(I)	10. Client Satisfaction: Number of client complaints received	●	< 5	4	5	8	8
	(I)	11. Collaboration: Number of events and projects with partners/ collaborators	○	NA	51	69	36	85
		12. Number of media mentions	●	30	513	393	99	232
ORGANIZATIONAL LEARNING AND GROWTH	(I)	13. Adoption of New Tools: Percentage SharePoint storage	⊘	10%	9.2%	13.9%	14.3%	14.3%
		15. Number of new student placements by type	●	22	29	27	36	47
CORPORATE INFRASTRUCTURE		16. Percentage variance between YTD actual and budgeted expenditures	⊗[3]	+/- 1.5%	3.2% under-spent	7.3% under-spent	4.2% under-spent	3.2% under-spent
		17. Third party funding earned	●	$250K	$742K	$647K	$560K	$411K
		18. Percentage technology uptime	●	99.5%	99.9%	96.2%	98.9%	99.7%
		19. Average number of paid sick days per employee	⊘	2.0	2.3	2.2	2.0	2.2
		20. Average time-to-fill permanent staff positions (days)	⊗[4]	60	77	70	58	89
		21. Voluntary and involuntary permanent employee turnover rate	○	NA	1.26%	1.05%	0.82%	0.82%

Notes

1. This figure is an estimate due to the Google Analytics tracking software being down for almost half of the quarter
2. Indicator 14: Staff learning is not shown in the above table as it has not been defined or populated.
3. Underspending is primarily due to prior and in-year provisions, adjustments and vacancy savings.
4. Primarily due to the inclusion of time to review and evaluate positions and positions that have been placed on hold by hiring managers.

Legend

- ● Target met or exceeded
- ⊘ Somewhat missed target
- ⊗ Significantly missed target
- ○ Target not defined

Description of Current Indicator Measures

1. **Number of knowledge activities completed** is a count of the total "knowledge activities" in two major categories: (1) knowledge products (e.g. scientific literature review, statistical, evaluation and technical reports, clinical guidelines, best practices or guidance documents etc.); and (2) scientific and technical support activities (such as consultation, technology and information system support, literature search or retrieval, client document review or fact check).
2. **Number of urgent requests completed** includes all external requests that PHO needs to respond to within 24 hours.
3. **Number of unique peer-reviewed articles published by PHO staff** tracks the total number of articles by PHO staff that are published in a peer-reviewed journal.
4. **Percentage of peer-reviewed articles published in a high-impact journal** is the percentage of PHO articles that are published in peer-reviewed journals that have a high international impact factor.
5. **Total website visits on PHO external website** tracks the number of visitors to the PHO website www.publichealthontario.ca as measured using Google Analytics.
6. **Number of education sessions offered to external clients** tracks the number of "PHO Rounds"; educational sessions offered on-site and via online webinars for external audiences.
7. **Percentage of external education sessions with an average evaluation score 3.5 or greater (5-point scale)** reflects the number of "PHO Rounds" where the average evaluation score by participants met or exceeded 3.5 out of 5 divided by the total number of PHO Rounds" offered.
8. **Percentage of laboratory tests complete within the target turnaround time** indicates the percentage of laboratory tests completed within industry standard turnaround times for that test.
9. **Percentage of knowledge activities delivered within the target turnaround time** indicates that percentage of knowledge activities completed within the requested timelines.
10. **Number of client complaints received** is the number of client complaints related to PHO products or services.
11. **Number of events and projects with partners and collaborators** counts the number of events and projects done by PHO in collaboration with other organizations.
12. **Number of media mentions** counts the number of times that PHO, its staff, products, services or research are cited in popular media, whether TV, radio, print or online.
13. **Percentage SharePoint storage** shows the percentage of PHO's total shared file storage that is stored on Microsoft SharePoint.
14. **Staff learning** *placeholder - indicator yet to be developed.*
15. **Number of student placements by type** counts the number of student placements, including medical resident rotations, masters and doctoral supervision, and practicum placements offered by PHO.
16. **Percentage variance between YTD actual and budgeted expenditures** indicates PHO's level of actual expenditures relative to budgeted expenditures, and is reflective of PHO's financial position relative to its budget
17. **Third party funding earned** shows the amount of third party research funding that has been awarded to PHO distributed over the length of the grant terms.
18. **Percentage technology uptime** is the percentage of time the Lab Information System, the integrated Public Health Information System and the basic telecommunications and computer networks are up and running.
19. **Average number of paid sick days per employee** shows the average number of paid sick days for full-time and part-time employees.
20. **Average time-to-fill permanent staff positions** shows the average number of calendar days it takes to fill a position from the date the position was approved to the date PHO received a signed employee agreement.
21. **Voluntary and involuntary permanent employee turnover rate** shows the percentage of permanent employees who leave the organization relative to the total number of permanent employees.

Laboratory annual performance standards report

This summarizes the annual performance of PHO's laboratories (PHOL) on each of the eight performance standards specified in the 2008 Services Agreement, part of the Laboratory Transfer Agreement between PHO and the MOHLTC.

PERFORMANCE INDICATOR	DESCRIPTION	RESULTS 2013-14
1. External Quality Assessment	90% proficiency on Quality Management Program – Laboratory Services (QMP-LS) testing and >70% average on Canadian Association for Laboratory Accreditation (CALA) Z – score	PHOL received an annual average of 99% for QMP-LS testing and 88% average CALA Z-score.
2. Productivity	Changes in test types and % change in related volumes	Test volumes: There is a total 3.2% increase in clinical testing and a total 2.6% decrease in environmental testing as compared to the last fiscal year
3. Efficiency	Median test wait times within 80% of targets in PHOL Specimen Collection Guide	PHOL has achieved an annual average of 99.7% turnaround time (TAT) for GC culture, 99.8% for HIV confirmatory testing, and 99.3% for Measles immunity and diagnostic testing
4. Customer Satisfaction	Annual client survey	Survey conducted in March as part of PHO's bi-annual Client Satisfaction Survey.
5. Employee Performance	Complete annual performance reviews on all PHOL employees	Annual performance reviews have been completed for 100% of management staff and 68% of non-management staff which does not include leaves and transfers to new roles.
6. Employee Certification and Credentials	100% of required staff credentials/certifications in place	There is a compliance of 100% of staff certifications/credentials. This includes medical laboratory technologists, medical and clinical microbiologists.
7. Incident Reporting and Issues Management	Annual summary of incidents and issues	PHOL is operating at >99.99% efficiency with only 124 non-conformances issued in 2013-14.
8. Test Utilization	Annual review of at least 10% of test menu methodology and or utilization for appropriateness	100% of the PHOL test menu was reviewed for turnaround times and testing information prior to the launch of the test information sheets on the new PHO website. A total of 15 Labstracts were issued to clients on new and revised test methodologies.

Financial performance

Public Health Ontario acknowledges the funding from MOHLTC and has managed its resources in a prudent and careful manner. PHO ended the year in a balanced operating position and has fully utilized all operating funding received from MOHLTC in respect of the 2013-14 fiscal year. With respect to the $143.365 million of base operating funding received from MOHLTC, $140.849 million was used to cover annual operating expenses with the balance of $2.516 million used to cover expenditures on minor equipment and other assets in support of PHO's base operations.

Funds provided by MOHLTC have allowed PHO to further develop its programs and advance its laboratory renewal initiatives. PHO also receives revenue from third parties which is reflected in the audited financial statements as other grants revenue. As in prior years reported expenses include expenditures equivalent to other grants revenue (with these expenditures funded exclusively from the revenue received from third parties).

Management Responsibility Report

Ontario Agency for Health Protection and Promotion (OAHPP) management is responsible for preparing the accompanying financial statements in conformity with Canadian public sector accounting standards for government not-for-profit organizations as established by the Public Sector Accounting Board (PSAB) of the Canadian Institute of Chartered Accountants.

In preparing these financial statements management selects appropriate accounting policies and uses its judgment and best estimates to report events and transactions as they occur. Management has determined such amounts on a reasonable basis in order to ensure that the financial statements are presented fairly in all material respects Financial data included throughout this Annual Report is prepared on a basis consistent with that of the financial statements.

OAHPP maintains a system of internal accounting controls designed to provide reasonable assurance, at a reasonable cost, that assets are safeguarded and that transactions are executed and recorded in accordance with OAHPP policies for doing business.

The Board of Directors is responsible for ensuring that management fulfills its responsibility for financial reporting and internal control, and is ultimately responsible for reviewing and approving the financial statements. The Board carries out this responsibility principally through its Audit and Finance Standing Committee. The Committee meets at least four times annually to review audited and unaudited financial information. Ernst & Young LLP has full and free access to the Audit and Finance Standing Committee.

Management acknowledges its responsibility to provide financial information that is representative of OAHPP operations, is consistent and reliable, and is relevant for the informed evaluation of OAHPP activities.

Stephen D'Arcy, CPA, CA
Chief Financial Officer

Donna Marafioti
Interim Chief Operating Officer &
Vice President, Corporate Services and Human Resources

George Pasut
Interim Chief Executive Officer &
Vice President, Science & Public Health

Independent Auditors' Report

To the Members of
Ontario Agency for Health Protection and Promotion

We have audited the accompanying financial statements of **Ontario Agency for Health Protection and Promotion (operating as Public Health Ontario)**, which comprise the statement of financial position as at March 31, 2014 and the statements of operations and changes in net assets and cash flows for the year then ended, and a summary of significant accounting policies and other explanatory information.

Management's responsibility for the financial statements
Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian public sector accounting standards, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' responsibility
Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditors consider internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion
In our opinion, the financial statements present fairly, in all material respects, the financial position of **Ontario Agency for Health Protection and Promotion (operating as Public Health Ontario)** as at March 31, 2014 and the results of its operations and its cash flows for the year then ended in accordance with Canadian public sector accounting standards.

Ernst & Young LLP

Chartered Accountants
Licensed Public Accountants

Toronto, Canada,
June 24, 2014.

Ontario Agency for Health Protection and Promotion
(operating as Public Health Ontario)

STATEMENT OF FINANCIAL POSITION

(in thousands of dollars)

As at March 31

	2014 $	2013 $
ASSETS		
Current		
Cash	**29,906**	26,554
Accounts receivable *(note 3)*	**4,262**	8,338
Prepaid expenses	**2,194**	1,668
Total current assets	**36,362**	36,560
Restricted cash *(note 4)*	**9,079**	9,377
Accounts receivable *(note 3)*	**–**	2,711
Capital assets, net *(note 5)*	**23,899**	21,894
	69,340	70,542
LIABILITIES AND NET ASSETS		
Current		
Accounts payable and accrued liabilities	**32,249**	33,528
Current portion of deferred contributions *(note 7)*	**1,921**	960
Total current liabilities	**34,170**	34,488
Deferred capital asset contributions *(note 6)*	**25,961**	26,510
Deferred contributions *(note 7)*	**2,426**	2,214
Accrued benefit liability *(note 8)*	**5,224**	5,554
Other liabilities	**1,559**	1,776
Total liabilities	**69,340**	70,542
Commitments and contingencies *(note 11)*		
Net assets	**–**	–
	69,340	70,542

See accompanying notes

On behalf of the Board:

Dr. Terrence Sullivan
Chair, Board of Directors

Pierre Richard
Vice-Chair, Board of Directors

Ontario Agency for Health Protection and Promotion
(operating as Public Health Ontario)

STATEMENT OF OPERATIONS AND CHANGES IN NET ASSETS

(in thousands of dollars)

Year ended March 31

	2014 $	2013 $
REVENUE		
Ministry of Health and Long-Term Care		
Base operations	**140,849**	135,774
Health Promotion Resource Centre	**3,573**	3,586
Amortization of deferred capital asset contributions *(note 6)*	**5,135**	5,882
Other grants	**1,563**	1,026
Miscellaneous recoveries	**1,625**	1,695
	152,745	147,963
EXPENSES *(note 8)*		
Public health laboratory program	**95,704**	93,403
Science and public health programs	**39,919**	37,142
General and administration *(note 9)*	**11,987**	11,536
Amortization of capital assets *(note 5)*	**5,135**	5,882
	152,745	147,963
Excess of revenue over expenses for the year	**–**	–
Net assets, beginning of year	**–**	–
Net assets, end of year	**–**	–

See accompanying notes

Ontario Agency for Health Protection and Promotion
(operating as Public Health Ontario)

STATEMENT OF CASH FLOWS

(in thousands of dollars)

Year ended March 31

	2014 $	2013 $
OPERATING ACTIVITIES		
Excess of revenue over expenses for the year	–	–
Add (deduct) items not affecting cash		
Amortization of deferred capital asset contributions	**(5,135)**	(5,882)
Amortization of capital assets	**5,135**	5,882
Changes in non-cash operating items		
Increase in accounts receivable *(note 10)*	**(1,206)**	(62)
Increase in prepaid expenses	**(526)**	(56)
Decrease in restricted cash	**298**	351
Increase in deferred contributions	**1,173**	97
Increase (decrease) in other liabilities	**(217)**	40
Increase (decrease) in accounts payable and accrued liabilities (note 10)	**336**	(7,134)
Net change in accrued benefit liability	**(330)**	(98)
Cash used in operating activities	**(472)**	(6,862)
CAPITAL ACTIVITIES		
Acquisition of capital assets *(note 10)*	**(8,754)**	(1,313)
Cash used in capital activities	**(8,754)**	(1,313)
FINANCING ACTIVITIES		
Contributions for capital asset purchases *(note 10)*	**12,578**	2,742
Cash provided by financing activities	**12,578**	2,742
Net increase (decrease) in cash during the year	**3,352**	(5,433)
Cash, beginning of year	**26,554**	31,987
Cash, end of year	**29,906**	26,554

See accompanying notes

Ontario Agency for Health Protection and Promotion
(operating as Public Health Ontario)

NOTES TO FINANCIAL STATEMENTS

(in thousands of dollars)

March 31, 2014

1. DESCRIPTION OF THE ORGANIZATION

Ontario Agency for Health Protection and Promotion ("OAHPP") (operating as Public Health Ontario) was established under the *Ontario Agency for Health Protection and Promotion Act, 2007* as a corporation without share capital. OAHPP's mandate is to enhance the protection and promotion of the health of Ontarians, contribute to efforts to reduce health inequities, provide scientific and technical advice and support to those working across sectors to protect and improve the health of Ontarians and to carry out and support activities such as population health assessment, public health research, surveillance, epidemiology, planning and evaluation.

Under the Ontario Agency for Health Protection and Promotion Act, 2007, OAHPP is primarily funded by the Province of Ontario.

OAHPP, as an agency of the Crown, is exempt from income taxes.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

These financial statements have been prepared in accordance with Canadian public sector accounting standards as established by the Public Sector ("PS") Accounting Board of the Chartered Professional Accountants of Canada. OAHPP has elected to follow PS 4200-4270 in the Public Sector Accounting Handbook.

Revenue recognition

Contributions are recognized in the accounts when received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured. Unrestricted contributions are recognized as revenue when initially recorded in the accounts. Externally restricted contributions are recorded as deferred contributions or deferred capital contributions when initially recorded in the accounts and recognized as revenue in the period in which the related expenses are incurred.

Capital assets

Capital assets are recorded at acquisition cost. Contributed capital assets are recorded at fair market value at the date of contribution. Amortization is provided on a straight-line basis based upon the estimated useful service lives of the assets as follows:

Building service equipment	5-30 years
Other equipment	5-10 years
Furniture	5-20 years
Leasehold improvements	Over the term of the lease

Inventory and other supplies held for consumption

Inventory and other supplies held for consumption are expensed when acquired.

Ontario Agency for Health Protection and Promotion
(operating as Public Health Ontario)

NOTES TO FINANCIAL STATEMENTS

(in thousands of dollars)

March 31, 2014

Employee future benefits

Contributions to multi-employer, defined benefit pension plans are expensed on an accrual basis.

Other employee future benefits are non-pension benefits that are provided to certain employees and are accrued as the employees render the service necessary to earn these future benefits. The cost of these future benefits is actuarially determined using the projected unit credit method, prorated on service and management's best estimate of expected salary escalation and retirement ages of employees. Net actuarial gains and losses related to the employee future benefits are amortized over the average remaining service life of the related employee group. Employee future benefit liabilities are discounted using the average interest cost for the Province of Ontario's net new debt obligations with maturities that correspond to the duration of the liability.

Allocation of expenses

The costs of each function include the costs of personnel and other expenses that are directly related to the function. General support and other costs are not allocated.

Contributed materials and services

Contributed materials and services are not recorded in the financial statements.

Financial instruments

Financial instruments, including accounts receivable and accounts payable, are initially recorded at their fair value and are subsequently measured at cost, net of any provisions for impairment.

Use of estimates

The preparation of financial statements in conformity with Canadian public sector accounting standards requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities, the disclosure of contingent assets and liabilities at the date of the financial statements, and the reported amounts of revenue and expenses during the reporting period. Actual results could differ from these estimates.

Ontario Agency for Health Protection and Promotion
(operating as Public Health Ontario)

NOTES TO FINANCIAL STATEMENTS

(in thousands of dollars)

March 31, 2014

3. ACCOUNTS RECEIVABLE

Accounts receivable consist of the following:

	2014 $	2013 $
Ministry of Health and Long-Term Care	**1,498**	9,491
Harmonized Sales Tax	**1,533**	813
Other	**1,231**	745
	4,262	11,049
Less amount recorded as long-term *(note 6)*	**–**	2,711
	4,262	8,338

There are no significant amounts that are past due or impaired.

4. RESTRICTED CASH

[a] Restricted cash consists of the following:

	2014 $	2013 $
Ministry of Health and Long-Term Care *(notes 4[b] and 8[b])*	**8,820**	9,037
Sheela Basrur Centre *(note 7[a])*	**259**	340
	9,079	9,377

Restricted cash from the Ministry of Health and Long-Term Care ("MOHLTC") represents funding received in connection with the liability assumed by OAHPP in connection with severance *(note 8[b])* and other credits (primarily accrued vacation pay) related to employees who transferred to OAHPP (Ontario public health laboratories in 2008 and Public Health Architecture in 2011) and unspent cash pertaining to capital projects. Funds associated with severance and other credits are drawn down when transferred employees leave employment with OAHPP.

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4. RESTRICTED CASH (cont'd)

[b] The continuity of MOHLTC restricted cash is as follows:

	2014			
	Severance credits $	Other credits $	Capital credits $	Total $
	(note 7[b])		*(note 6)*	
Restricted cash, beginning of year	**5,632**	**1,500**	**1,905**	**9,037**
Funding received	—	—	**11,452**	**11,452**
Interest earned	**64**	**17**	**71**	**152**
Restricted cash drawdown *(note 8[b])*	**(435)**	**(20)**	**(11,366)**	**(11,821)**
Restricted cash, end of year	**5,261**	**1,497**	**2,062**	**8,820**

	2013			
	Severance credits $	Other credits $	Capital credits $	Total $
Restricted cash, beginning of year	5,999	1,516	1,882	9,397
Interest earned	74	19	23	116
Restricted cash drawdown *(note 8[b])*	(441)	(35)	—	(476)
Restricted cash, end of year	5,632	1,500	1,905	9,037

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5. CAPITAL ASSETS

Capital assets consist of the following:

	2014		
	Cost	Accumulated amortization	Net book value
	$	$	$
Building service equipment	369	192	177
Other equipment	26,250	20,523	5,727
Furniture	2,072	1,869	203
Leasehold improvements	7,641	3,459	4,182
Construction in progress	13,610	–	13,610
	49,942	26,043	23,899

	2013		
	Cost	Accumulated amortization	Net book value
	$	$	$
Building service equipment	369	155	214
Other equipment	25,706	16,448	9,258
Furniture	2,072	1,565	507
Leasehold improvements	7,130	2,740	4,390
Construction in progress	7,525	–	7,525
	42,802	20,908	21,894

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6. DEFERRED CAPITAL ASSET CONTRIBUTIONS

Deferred capital asset contributions represent the unamortized amount of contributions received for the purchase of capital assets. The amortization of deferred capital asset contributions is recorded as revenue in the statement of operations and changes in net assets. The continuity of the deferred capital asset contributions balance is as follows:

	2014 $	2013 $
Deferred capital asset contributions, beginning of year	**26,510**	20,159
Contributions for capital purposes	**4,515**	12,210
Interest earned on unspent contributions	**71**	23
Amortization of deferred capital asset contributions	**(5,135)**	(5,882)
Deferred capital asset contributions, end of year	**25,961**	26,510
Unspent deferred capital asset contributions (notes 3 and 4[b])	**(2,062)**	(4,616)
Deferred capital asset contributions spent on capital assets	**23,899**	21,894

Restricted cash includes $2,062 (2013 - $1,905 restricted cash and $2,711 long-term receivable) *(note 4[b])* related to unspent deferred capital asset contributions.

7. DEFERRED CONTRIBUTIONS

[a] Deferred contributions consist of unspent externally restricted grants and donations for the following purposes:

	2014 $	2013 $
Severance credits	**1,004**	1,115
Sheela Basrur Centre *(note 4[a])*	**259**	340
Other	**3,084**	1,719
	4,347	3,174
Less current portion	**1,921**	960
	2,426	2,214

[b] Deferred contributions for severance credits represent the difference between the restricted cash held for severance credits and the portion of the accrued benefit liability associated with service prior to the transfer of employees of the laboratories to OAHPP *(note 8[b])*.

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[c] Deferred contributions for the Sheela Basrur Centre (the "Centre") represent unspent funds held by OAHPP restricted for the Centre's outreach programs. In addition to these funds, $250 (2013 - $220) is held by the Toronto Community Foundation for the benefit of the Centre and its programs

Named after the late Dr. Sheela Basrur, a former Chief Medical Officer of Health for the Province of Ontario, the Centre was created to become a prominent provider of public health education and training.

8. EMPLOYEE FUTURE BENEFIT PLANS

[a] Multi-employer pension plan

Certain employees of OAHPP are members of the Ontario Public Service Employees Union ("OPSEU") Pension Plan, the Healthcare of Ontario Pension Plan ("HOOPP") or the Ontario Public Service Pension Plan ("PSPP"), which are multi-employer, defined benefit pension plans. These pension plans are accounted for as defined contribution plans. OAHPP contributions to the OPSEU Pension Plan, HOOPP and PSPP during the year amounted to $2,474 (2013 - $2,304), $2,775 (2013 - $2,394) and $545 (2013 - $591), respectively, and are included in expenses in the statement of operations and changes in net assets.

[b] Severance credits

OAHPP assumed the non-pension post-employment defined benefit plans provided to employees from the Government of Ontario as part of the transfer of employees from Ontario public health laboratories (in 2008) and Public Health Architecture (in 2011). These defined benefit plans provide a lump sum payment paid on retirement to certain employees related to years of service. The latest actuarial valuation for the non-pension defined benefit plan was performed as at March 31, 2012. OAHPP measures its accrued benefit obligation for accounting purposes as at March 31 of each year based on an extrapolation from the latest actuarial valuation.

Additional information on the benefit plans is as follows:

	2014 $	2013 $
Accrued benefit obligation	5,672	6,242
Plan assets	—	—
Plan deficit	5,672	6,242
Unamortized actuarial losses	(448)	(688)
Accrued benefit liability, end of year	**5,224**	5,554

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8. EMPLOYEE FUTURE BENEFIT PLANS (cont'd)

Additional information on the benefit plans is as follows:

	2014 $	2013 $
Accrued benefit liability, beginning of year	**5,554**	5,652
Expense for the year	**105**	343
Contributions to cover benefits paid *(note 4[b])*	**(435)**	(441)
Accrued benefit liability, end of year	**5,224**	5,554

The significant actuarial assumptions adopted in measuring OAHPP's accrued benefit obligation and expense are as follows:

	2014 %	2013 %
Accrued benefit obligation		
Discount rate	**3.25**	3.00
Rate of compensation increase	**3.25**	3.25
Rate of inflation	**2.25**	2.25
Expense		
Discount rate	**3.00**	4.50
Rate of compensation increase	**3.25**	3.25
Rate of inflation	**2.25**	2.25

9. DIRECTORS' REMUNERATION

The Government Appointees Directive requires the disclosure of remuneration paid to directors. During the year ended March 31, 2014, directors were paid $17 (2013 - $22).

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10. SUPPLEMENTAL CASH FLOW INFORMATION

The change in accounts payable and accrued liabilities related to the purchase of capital assets is adjusted for capital assets received but not paid for as at year-end of $6,571 (2013 - $8,186) and has been excluded from the statement of cash flows.

The change in accounts receivable related to contributions for capital asset purchases is adjusted for contributions receivable but not received as at year-end of $1,498 (2013 - $9,491) and has also been excluded from the statement of cash flows.

11. COMMITMENTS AND CONTINGENCIES

[a] Under the Laboratories Transfer Agreement, MOHLTC is responsible for all obligations and liabilities in respect of the public health laboratories that existed as at the transfer date, or which may arise thereafter and have a cause of action that existed prior to the transfer date of December 15, 2008.

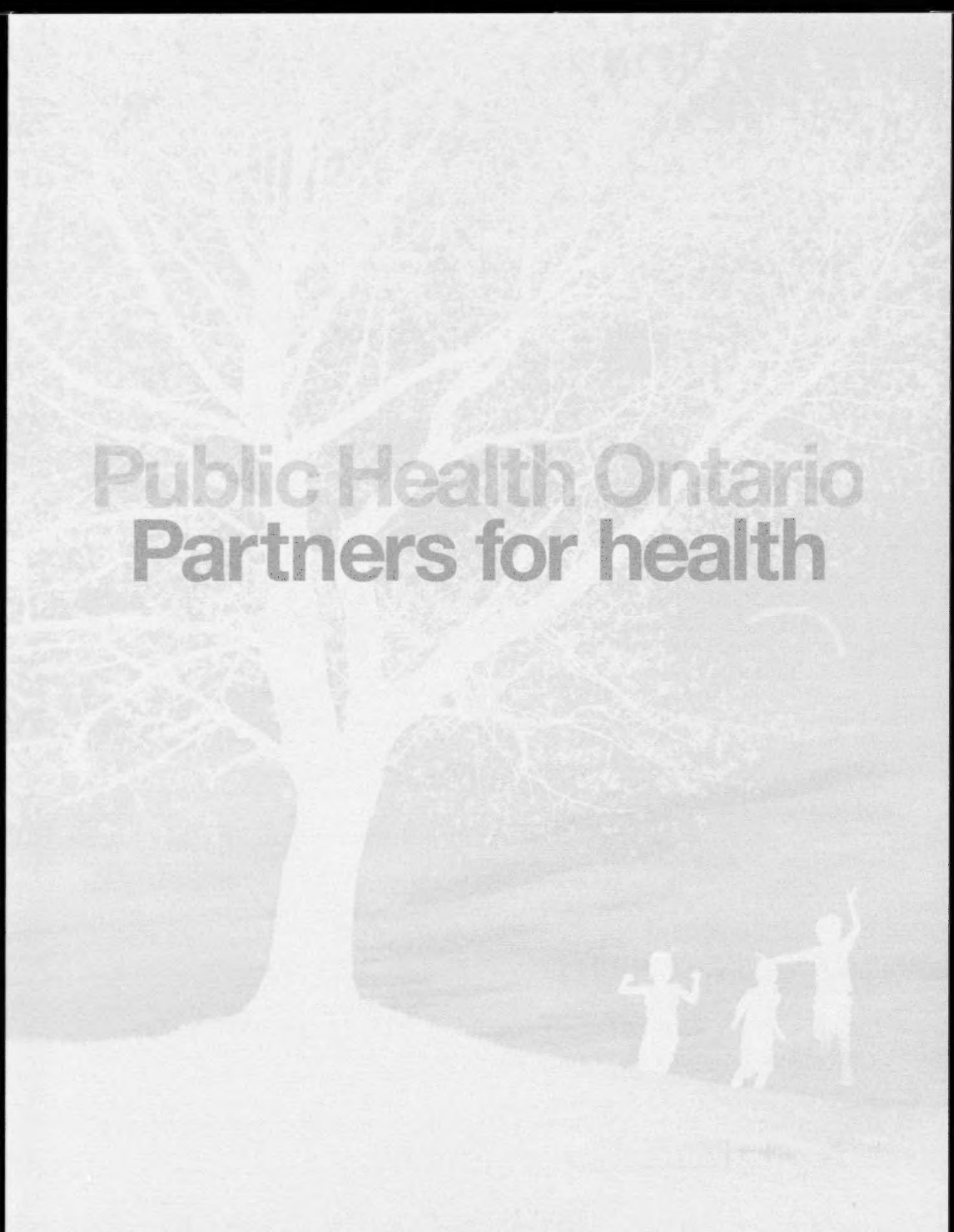
[b] OAHPP is a member of the Healthcare Insurance Reciprocal of Canada ("HIROC"). HIROC is a pooling of the liability insurance risks of its members. Members of the pool pay annual deposit premiums which are actuarially determined and are expensed in the current year. These premiums are subject to further assessment for experience gains and losses, by the pool, for prior years in which OAHPP participated. As at March 31, 2014, no assessments have been received.

[c] OAHPP has committed future minimum annual payments to Infrastructure Ontario related to premises as follows:

	$
2015	17,956
2016	15,118
2017	13,453
2018	13,449
2019	13,227
Thereafter	261,770

12. COMPARATIVE FINANCIAL STATEMENTS

The comparative financial statements have been reclassified from statements previously presented to conform to the presentation of the 2014 financial statements.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